Government of Saskatchewan

Annual Report 1985-86

Saskatchewan Medical Care Insurance Commission

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Saskatchewan Medical Care Insurance Commission

T.C. Douglas Building
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Annual Report For the Year Ending March 31, 1986

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Minister of Health

The Honourable F.W. Johnson
Lieutenant Governor
Province of Saskatchewan

Sir:

I have the honour of submitting the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1986.

Respectfully submitted,

Graham Taylor
Minister of Health

Saskatchewan Medical Care Insurance Commission

The Honourable Graham Taylor
Minister of Health
Regina, Saskatchewan

Sir:

I have the honour of submitting the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1986.

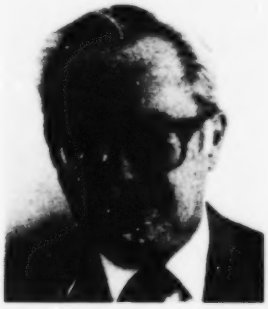
Respectfully submitted,

Charles J. Wright, M.B., F.R.C.S.(C).
Chairman

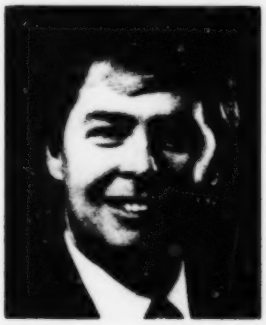
Members of the Commission

March 1986

Dr. C.J. Wright
Chairman
Saskatoon



Dr. L. Brand
Saskatoon



Dr. J.A. Breker
North Battleford

Dr. M.M. Fraser
Regina

Dr. L. Lavoie
Melfort

Mr. W. Podiluk
Regina
Deputy Minister
of Health

Dr. A. Strudwick
Fort Qu'Appelle

Executive Director

Mr. John Heath
Regina

The Plan in Brief

11	Comprehensive	Most services by physicians, refractions by optometrists and visit and x-ray services by chiropractors are insured for all eligible residents.
8	Commission Administered	The Commission is appointed by the Government, a minimum of three commissioners are practising physicians.
11	Simple Eligibility Requirements	New residents of the Province are required to register and are provided with benefits from the first day of the third month following the date they establish residence in the Province.
—	No Restrictions Due to Pre-existing Conditions	No matter what previous health problems existed a beneficiary is entitled to all insured services.
—	Free Choice by Patient	A beneficiary may select any physician, optometrist or chiropractor desired.
—	Provider of Service has Free Choice	The Plan does not prevent a physician, optometrist or chiropractor from accepting or declining any patient.
13	Coverage Anywhere in the World Without Prior Approval of the Plan	Payment is generally made at Saskatchewan rates.
11	Immediate Coverage for Certain Special Residents	Certain special residents qualify for coverage immediately on arrival in Saskatchewan.
13	No Authorized Extra Charge	A provider of service may not knowingly extra bill for insured services.
13	Physician has Several Choices of Billing	A physician may bill the Plan directly; bill through an approved agency; or bill the patient who may send the account to the Plan.
11	Financial Support of Plan	The Plan is supported by general revenues to which contributions are made to the Province under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

1985-86 Highlights

—	Amendments were made to The Saskatchewan Medical Care Insurance Act effective August 1, 1985 which prohibit extra billing by providers of service. A physician, optometrist, chiropractor or dentist shall not knowingly charge a beneficiary an amount greater than that paid by the Commission for an insured service.
31	The average payment per beneficiary in 1985-86 based on the rate per 1,000 beneficiaries was $181 up from $170 in 1984-85. The cost for an average size family amounted to approximately $597 for the year.
46	In 1985-86 the average MCIC payment for physicians receiving $30,000 or more in Commission payments was $148,600. Overhead costs of office practice have to be paid from that amount.
46	Benefit payments for chiropractic services in 1985-86 resulted in an average payment per chiropractor of $91,600.
46	In 1985-86 benefits for insured optometric services resulted in an average payment per optometrist of $69,700.
39	The number of active physicians in Saskatchewan increased to 1,104 from 1,082 in the previous year.
29	In 1985-86 86.9% of insured persons (903,417) actually received physician services, compared to 85.8% in 1984-85.
25	Benefits paid for insured services totalled $189,065,000, or 7.6% more than the $175,764,000 paid in 1984-85.
25	In 1985-86 administration costs as a percentage of total program costs were 3.4%, decreased slightly from 1984-85.
26	The number of claims processed in 1985-86 amounted to 7.8 million, compared to 7.4 million in 1984-85.

The Saskatchewan Medical Care Insurance Plan

Introduction

The Medical Care Insurance Plan, inaugurated on July 1, 1962 under The Saskatchewan Medical Care Insurance Act 1961, provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, services by chiropractors and optometrists.

The Plan is financed through the Medical Care Insurance Fund. The fund is supported by an appropriation made by the Legislature from the Consolidated Fund to which contributions are made by the Federal Government under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

Newcomers to the Province are generally eligible for benefits from the first day of the third month following the date they establish residence in the Province. Eligibility is solely dependant upon registration. All beneficiaries under the Plan receive the same coverage regardless of age or state of health.

The Commission

The Medical Care Insurance Plan is administered by a Commission consisting of not less than seven nor more than eleven members responsible to the Minister of Health. In 1985-86 there were seven members. Two physician members are nominated by the Saskatchewan Medical Association. Another physician member is nominated by the Dean of Medicine, University of Saskatchewan. Each commissioner is appointed for a three-year term of office and may be reappointed, but cannot serve more than two terms consecutively.

Dr. C.J. Wright is Chairman of the Commission.

Responsibilities of the Commission and Government

The general responsibilities of the Commission are stated in The Act to be the establishment and administration of a plan of medical care insurance for the residents of the Province. Regulatory powers are assigned in The Act to both the Lieutenant Governor in Council and the Commission, with responsibilities generally divided as follows:

(a) Lieutenant Governor in Council (Cabinet):

1. All matters concerning basic fiscal and related policies - e.g. financing of the Plan.
2. All matters affecting the coverage of the Plan - e.g. services to be insured, beneficiaries to be covered.

The Lieutenant Governor in Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

(b) Commission:

1. All matters governing arrangements to pay for insured services.
2. All matters governing rates of payment to providers of service, methods of payment, and assessment of accounts.

Before making any regulations altering the general rates of payment for insured physician services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Administrative Organization

The organization chart on page 9 reflects the Commission's dedication to a program that blends efficient processing of claims with economical use of resources, so that by far the major part of total funds allocated to the Commission is spent in providing benefits for insured services.

Executive Branch

Executive Director, Mr. J. Heath is responsible to the Commission for the overall administration of the Plan.

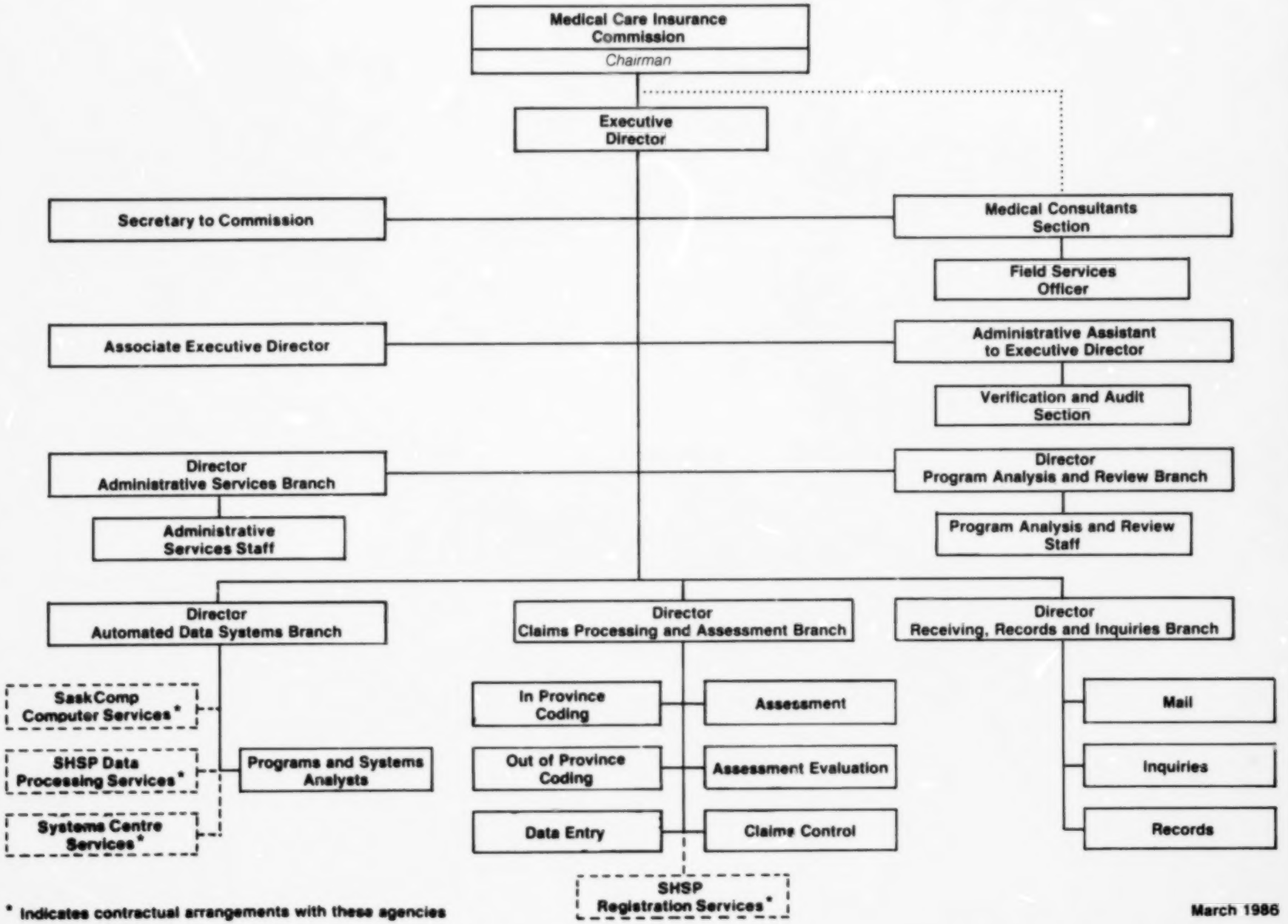
Administrative Assistant, Mr. B. Middlemiss is responsible for review of legislation and regulations and performs the function of secretariat for a number of committees, both internal and those involving discussions with representatives of other health agencies and practitioner associations.

Commission Secretary, Mrs. J. Merrells carries out secretarial duties for the Commission and the Chairman and a wide variety of tasks associated with correspondence and inquiries related to Commission business.

Verification and Audit Section, directed by Mr. D. Trew, who with a staff of 4, is responsible for routine and special verification of claims and audit programs. Reports on verification responses and various audit matters are prepared for review by a MCIC Medical Consultant, the Joint Professional Review Committee and the Commission.

Medical Consultants Section, Dr. J.P. Barschel and Dr. J.M.R. Garson provide an essential insight into clinical and medical aspects of internal committee discussions in addition to those involving other health organizations and agencies. Their expertise is vital to the development, formulation and continued monitoring of criteria for the assessment of claims. They provide guidance through consultative services in respect of difficult or complex claims. The consultants assist physicians in the field and their office staffs concerning the schedule of benefits, billing and claims assessment.

Organization of the Saskatchewan Medical Care Insurance Commission



* Indicates contractual arrangements with these agencies

March 1986

Field Services Officer, Mrs. R. Naujok travels throughout the Province to physicians who have direct payment agreements with the Commission and other practitioners on request. This personal service for physicians and their office staffs provides a means whereby problems with claims can be sorted out on the spot or brought back to MCIC for resolution through discussion with one of the medical consultants.

Claims Processing and Assessment Branch

Mr. R. Herauf, the Director, and a staff of 90 are responsible for the screening, coding and other preparation of claims for computer processing. In 1985-86 more than 7.8 million claims were approved for payment.

The staff who scan, check and code some 33,000 claims each day provide an indispensable and crucial first step towards an efficient end product. When the first phase is completed, the details on the claims are transferred to magnetic tape for high speed processing with past and present file information, numerous checks and assessment rules.

The effective processing of the large volume of claims depends on the skills and dedication of key-edit staff, to assure the integrity of data being passed to the computer.

Complex and multifaceted claims are separated from the main stream, for handling by an assessment team with special training and knowledge for this task. A further category of the most difficult claims requires particular consideration by the Medical Consultants. Assessment staff also participate in the development of assessment policies and evaluation of computer assessment rules.

Receiving, Records and Inquiries Branch

The Director, Mr. R.G. Crawford, and a staff of 19 are responsible for the Commission's mail services involving, incoming and outgoing, approximately 800 packets per day; management of claims records, numbering in the millions; responses to some 600 inquiries per week from the public, practitioners and their office staffs.

Automated Data Systems Branch

Mr. P. Jmaeff directs a new organizational unit in MCIC established to provide greater impetus and cohesion to responsibilities for the operation of electronic and automated systems. The Director and his staff are also responsible for the operation of the Commission's internal network of computer facilities and word processor equipment. In addition, this unit coordinates the Commission requirements in relation to the contractual services obtained through the Saskatchewan Computer Utility Corporation, the Provincial Government Systems Centre and the Saskatchewan Hospital Services Plan. Mr. Jmaeff participates on behalf of the Commission in a number of committees providing interface between various agencies in Saskatchewan Health.

Mr. D. Bartel, Administrative Analyst, is responsible for studies on a continuing basis, directed toward the development of improved operations and the maintenance of a high level of efficiency in systems procedures.

Administrative Services Branch

Mr. L.D. Hamblin, the Director, and his staff are responsible for coordinating the overall budget preparation, general accounting, making benefit payments to practitioners and to beneficiaries, numerous personnel services, the acquisition of equipment and supplies and arranging for office space and its reorganization as required.

Program Analysis and Review Branch

Mr. V. Gwin, Acting Director, with the Assistant Director and staff are responsible for statistical studies into trends in the utilization of services and their associated costs. These are essential for effective management.

Studies are based on data available from the Commission's operation and from information interchange with other organizations in the health field.

Statistical information is made available to the Colleges and Associations of the various practitioners whose services are covered by the Commission.

In addition, major responsibilities of the Director include continuing analysis and review with the Medical Consultants, of the Commission's schedules of benefits, and participation in committees involved with health care information at the provincial and inter-provincial levels.

Computer Services

Routine assessment and approval of accounts for payment is performed by computer under a contractual arrangement with the Saskatchewan Computer Utility Corporation. A computer check of each claim is made against stored information to determine whether it may be approved. Claims which fail the computer check are referred to Claims Processing and Assessment Branch for follow-up action.

Maintenance of computer programs is carried out under a contractual arrangement with the Systems Centre.

Registration

Registration of beneficiaries is carried out by the Saskatchewan Hospital Services Plan which is reimbursed by the Commission for such services performed on its behalf.

Medical Care Insurance Fund

All payments by the Plan are made from the Saskatchewan Medical Care Insurance Fund. The fiscal year for reporting covers the period April 1 to March 31. Transactions are recorded on a cash rather than an accrual basis. Thus, the payments and receipts reported in the financial statements are those actually paid or received from April 1 to March 31.

Source of Funds

Funds for covering the cost of operating the Medical Care Insurance Plan are obtained from the general revenues of the Province, which are appropriated by the Legislature on an April to March fiscal year basis.

Effective April 1, 1977 the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the Province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, by means of: (a) a transfer of income tax points; (b) a cash contribution.

Eligibility for Benefits

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied.

Unmarried dependants under the age of 18 should be registered on the family Health Services Card. Persons 18 years of age are issued a separate Health Services Card at the start of the month following that in which they reach 18 years of age.

Newcomers to Saskatchewan are required to register unless they are covered under other provincial or federal programs.

Except for "Special Residents" new residents of Saskatchewan are provided with benefits from the first day of the third month following the date they establish residence in the Province.

Special Residents

The term "Special Resident" includes:

1. A landed immigrant,
2. A discharged member of the Canadian Forces,
3. Returning spouse of a member of the Canadian Forces,
4. A returning Canadian citizen,
5. A returning resident,
6. Certain persons in Canada in connection with their trade or profession who hold a Canadian Immigration Employment Authorization.

Special residents who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive coverage from the date they established residence in Saskatchewan.

Excluded Residents

The following residents are entitled to receive medical care under Federal programs and are excluded from Commission coverage:

1. Members of the Canadian Forces,
2. Royal Canadian Mounted Police,
3. Inmates of Federal Penitentiaries.

However, their spouses and dependants resident in Saskatchewan are eligible for coverage.

Beneficiaries Leaving the Province

1. Establishing residence outside the Province

Beneficiaries leaving the Province are eligible under the Plan for the rest of the month in which they take up new residence outside Saskatchewan plus the following two complete months.

2. Temporarily absent from the Province

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the Province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. Persons who enter into employment contracts for work outside of Canada not exceeding 24 months may be eligible for benefits for the entire period of employment. Saskatchewan students who leave the Province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon the completion of their studies are eligible for benefits for the duration of the studies outside of Saskatchewan.

Insured Services and Exclusions

Insured Services

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services — The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services — Surgical procedures, by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services — Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia — The administration of anaesthetics by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- dental anaesthesia in hospital;
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.

Diagnostic Services - In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services - Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology;
- laboratory services, including interpretations, provided by a specialist in pathology;

— an approved list of laboratory services provided by a physician other than a pathologist;

— other diagnostic services provided by a physician.

Preventive Medical Services — Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions — Eye examinations to determine refractive error. (Frequency of examinations under Optometric Services below also applies.)

Optometric Services

Refractions — Eye examinations to determine refractive error. Unless special medical factors are present, the frequency of examinations is limited to one in any 12-month period for all ages.

Dental Services

(a) Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

(b) Certain services in connection with abnormalities of the mouth and surrounding structures.

(c) Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

(d) Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

(e) Extraction of teeth medically required for the provision of:
— heart surgery;
— services for chronic renal disease; or
— services for total joint replacement by prosthesis;
where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the Commission is received.

Chiropractic Services

Chiropractic visit and x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the Province.

Exclusions

The following services are not insured:

Health services received under other public programs including: Saskatchewan Hospital Services Plan, The Workers' Compensation Act, The Mental Health Act.

Diagnosis and treatment of cancer — All services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic.

The following physician services are excluded:

— travelling;

— advice by telephone;

— surgery for cosmetic purposes;

— any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.

The following additional services are excluded under the Medical Care Insurance Plan:

— ambulance services and other forms of transportation of patients;

— services provided by special duty nurses;

— services provided by physiotherapists;

— services provided by chiropodists, podiatrists, naturopaths or osteopaths;

— dentistry, except as described under Insured Services - Dental Services;

— drugs;

— appliances (e.g. eye glasses, artificial limbs).

Methods of Payment

Fee-For-Service Payment

The Medical Care Insurance Commission makes fee-for-service payment by the following three methods:

Direct Payment to Practitioner — The practitioner may submit the account directly to the Commission, which makes payment to the practitioner.

Payment through Approved Health Agency — If beneficiary and physician are members of the same approved health agency (Group Medical Services or Medical Services Incorporated) the physician submits the account to the agency. The Commission makes payment to the agency which in turn makes payment to the physician.

Payment to Patient — Where neither of the above methods apply the practitioner must provide an itemized account in order for the patient to obtain payment from the Commission. The patient can send the account to the Commission or the practitioner can send it for the patient. The practitioner must provide the itemized account before asking for, demanding or accepting payment from the patient for the service. The Commission makes payment to the patient who is responsible for paying the practitioner's account.

Contract Payment

As an alternative to fee-for-service payment the Commission may make arrangements with a practitioner or a group of practitioners for payment on a contractual basis. An agreement is entered into with the Commission prior to services being provided whereby the practitioner is paid a sessional rate plus expenses for travel and sustenance. The practitioner agrees to report the services provided.

Payment Under Global System

A global system of payment has been employed since 1972 for services provided at community clinics. In 1985-86 community clinics were in operation at Regina, Saskatoon, Prince Albert and Wynyard. Among elements involved in the annual budget's determination are the total number of patient's treated, the number of services performed and the number of practitioners in the clinic. Payments on the basis of the budget are made to the Community Health Associations who are responsible for the clinics. The Commission contributed towards payments made to the Health Associations by the Saskatchewan Hospital Services Plan, the agency handling this type of budget operation.

Practising Entirely Outside the Plan

A physician, optometrist, chiropractor or dentist may practise entirely outside the Medical Care Insurance Plan conditional upon:

a) the practitioner practising entirely outside the Medical Care Insurance Plan for all patients and for all services, and

b) access to insured services is not jeopardized, and

c) prior to providing a service, the practitioner advises the patient that the service is not insured and the patient is not entitled to payment from the Commission and the patient agrees to such an arrangement.

Rates of Payment for Insured Services

Physician Services

On May 22, 1985 Saskatoon Agreement II was signed between the Saskatchewan Medical Association and the Government of Saskatchewan and formed the basis for subsequent amendments to The Saskatchewan Medical Care Insurance Act which provided a new process to determine fair and reasonable compensation for insured physician services.

Payment for physician services is made on the basis of the Commission's Payment Schedule and in accordance with the assessment rules.

Specialist Services

Except for surgical and certain other special procedures, payment for specialist services is based on the unreferred rate when the beneficiary is not referred to the specialist.

Optometric Services

Payment for eye examinations to determine refractive error when provided by optometrists is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Association of optometrists and the Commission.

Chiropractic Services

Payment for chiropractic visit and x-ray services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Chiropractors' Association of Saskatchewan and the Commission.

Out-of-Province Services

Payment is normally limited to the amount payable in Saskatchewan. The cost of medical services in other North American communities is sometimes considerably higher than in Saskatchewan. The beneficiary is responsible for payment of the difference between the full amount charged and the amount payable by the Plan.

If a beneficiary requires services not available in Saskatchewan, the service may be eligible for special out-of-province coverage where a specialist physician in the Province notifies the Commission prior to the service being provided, and the Commission agrees that the required service is not available in Saskatchewan. Payment may be made at one of the following rates:

(a) the rate payable in the province in Canada where the service is provided;

(b) at the Saskatchewan rate where the service is available in Canada but the beneficiary chooses to have the service provided outside Canada;

(c) at a fair and reasonable fee charged in a place outside Canada if the service is not available in Canada.

Beneficiaries who travel outside Saskatchewan, particularly outside Canada, are strongly advised to take out additional insurance as a safeguard against the high cost of medical and hospital care in some areas.

Professional Review of Services

The Joint Professional Review Committee consisting of two representatives from each of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association and the Medical Care Insurance Commission was established in the early part of 1979. The Committee studies the billing and practice patterns of physicians in the Province and makes recommendations to the College, the Association or the Commission. Some of the aspects of the recommendations of the Committee involve questionable billing or recurring errors in billing by a physician, medical practices having unusually high volumes of services or indications of a high rate of disagreement between beneficiaries receiving insured services and the physician providing the services, as illustrated by the Commission's verification program. As a consequence of the recommendations, the College may take disciplinary action against a physician or the Commission may take monetary action. During 1985-86 the Committee reviewed the patterns of billing of over fifty physicians. Seven meetings of the Joint Professional Review Committee were held in that year.

The Joint Optometric Professional Review Committee consisting of three representatives from the Saskatchewan Optometric Association and two representatives from the Medical Care Insurance Commission was established in 1982. The Committee reviews the billing and practice patterns of optometrists and makes recommendations regarding these matters to the Association or the Commission.

A review of chiropractic services and payments is carried out by the Chiropractic Review Board which consists of chiropractors and officers of the Commission.

Swift Current Health Region

Swift Current Health Region, organized in 1945 as the Province's first health region, embraces an area of 15,000 square miles in the southwest corner of Saskatchewan. Through agreements with physicians in the area, the Region has administered a medical care plan for its residents since 1946 under The Health Services Act.

With the inauguration of province-wide medical care insurance in July, 1962, the regional program continued under contractual arrangement between the Region Board and the Commission.

At the close of 1980, the Commission and the Board of the Swift Current Health Region agreed upon a new claims processing arrangement whereby, effective April 1, 1981, the Commission assumed the responsibility for processing claims for insured physician services provided on or after April 1, 1981 to residents of the Swift Current Health Region. Physicians practising in the Swift Current Health Region may send their accounts directly to the Region or to the Commission. Region staff check and code claims submitted to the Region. They then send the claim information by automated means to the Commission for processing.

The Commission provides the Swift Current Health Region with a grant to cover administrative costs in operating the program.

Claims Processing System

1. Claims are received (average of 150,000 per week) from physicians, optometrists, chiropractors, patients, and the approved health agencies.

2. The claims control section accumulates all input data and submits the tape for computer processing on a weekly basis.

3. The computer subjects each claim to a series of tests to determine the validity of the claim data.

4. (a) The Master Registration File, a file containing a complete record of all registered Saskatchewan beneficiaries, is used to check the identity and eligibility of the patient.
   (b) Certain claims are temporarily retained in the system for processing in a subsequent cycle, e.g. the claim indicates an old health services card number for a beneficiary who has been assigned a new number.
5. (a) The Patient History File (PHF), a file containing a history of paid services, is used to determine whether the services on the claim should be accepted, rejected or adjusted.
   (b) Claims with a date of service 6 months or more prior to the date of receipt, e.g. accepted because of special circumstances, are assessed once a month against the entire PHF.

6. All rejected claims are reviewed by the Commission staff. The rejected claims are either corrected or returned to the sender for additional information.

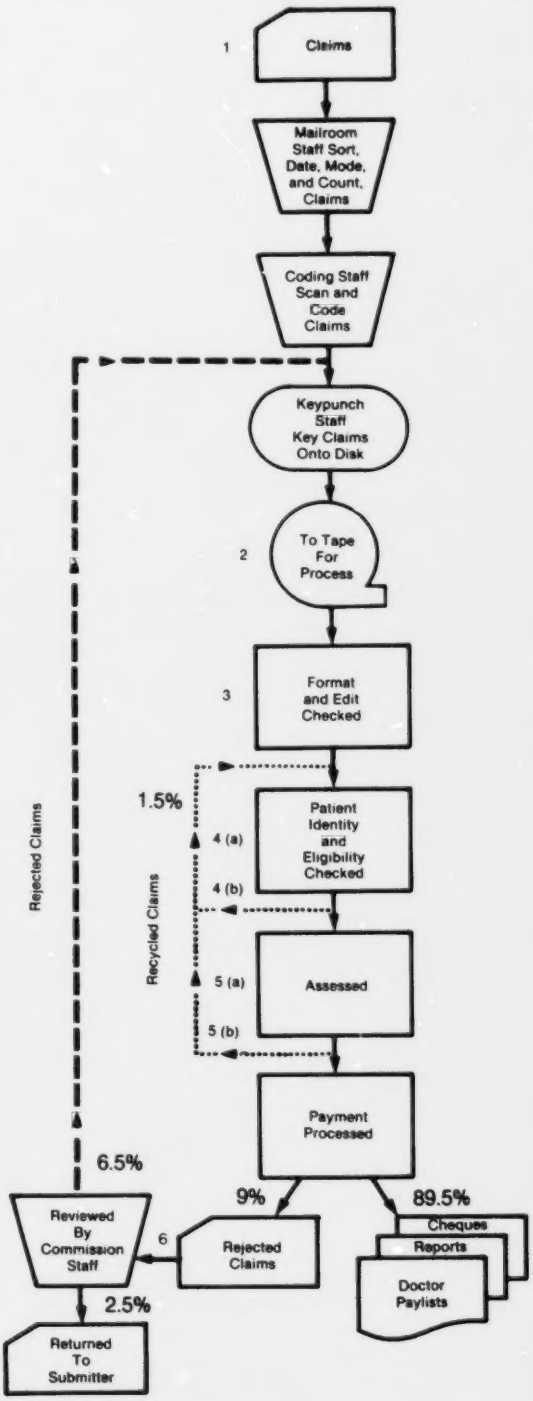
In lieu of the manual submission of claims referred to in item 1 above, the Commission may enter into an agreement with clinics for automated claim submissions.

Clinics considering the implementation of automated submission of claims systems are urged to contact the Commission prior to purchase of the equipment to ensure compatibility with the Commission's claims processing system.

Medical Care Research

From time to time the Commission assists researchers in carrying out various health care related studies by providing statistical data on insured services. Some of the studies with which the Commission has assisted in the past include: development of a data base on alcoholism or alcohol related diagnoses; survival of kidney transplant cases; incidence of rubella; diagnosis and treatment of diabetes; the prevalence of hypertension and ischemic heart disease in relation to diabetes.

The Commission's assistance with such studies is conditional on a number of criteria, for example, no information is released which identifies persons, the confidentiality of the providers and recipients of insured services must be safeguarded; researchers must agree to bear the cost of retrieval or extraction of the data requested; researchers must agree to make available to the Commission for review and comment prior to publication any material emanating from the data released to them. Application forms for use in requesting statistical data are available from the Commission.



Auditor's Report

To the Members of the Legislative Assembly,
Province of Saskatchewan.

I have examined the statement of receipts, payments and balance of fund and the supporting statement of administration payments of the Saskatchewan Medical Care Insurance Fund for the year ended March 31, 1986. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1986 and the results of its operations and the changes in its financial position for the year then ended in accordance with the disclosed basis of accounting applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan,
April 17, 1986.

W.G. Lutz, F.C.A.,
Provincial Auditor.

Saskatchewan Medical Care Insurance Fund — Statement 1

Statement of Receipts, Payments and Balance of Fund

Year Ended March 31

(With comparative figures for the previous year)

1985		1986
	Receipts:	
	Grants from the Consolidated Fund	
$177,000,000	— Insured services	$188,855,000
6,512,320	— Administration	6,000,000
233,582	Bursary refunds including interest	152,001
183,745,902	**Total Receipts**	**195,007,001**
	Payments:	
	Payments under Saskatchewan Medical Care Insurance Act:	
	Insured Service payments to:	
149,982,289	— Physicians	165,566,289
2,872,542	— Approved health agencies	2,038,354
3,897,111	— Swift Current Health Region	3,786,621
	— Beneficiaries:	
5,096,305	— For physician services	2,883,723
2,949,520	— For chiropractor services	1,344,088
278,914	— For dental services	136,099
	— Saskatchewan Hospital Services Plan —	
4,493,083	Community Health Association	4,001,019
5,462,467	— Optometrists	5,993,101
3,995,078	— Chiropractors	6,758,677
720,396	— Dentists	860,697
179,747,705	**Gross insured service payments**	**193,368,668**
	Less refunds from:	
3,983,793	— Cancer Foundation for cancer services	4,303,567
117,914	— Practitioners, for insured services	33,101
175,645,998	**Net insured service payments**	**189,032,000**
6,222,696	Administration payments (Statement 2)	5,959,623
162,831	Grants to Swift Current Health Region	144,172
182,031,525	**Total payments under Saskatchewan Medical Care Insurance Act**	**195,135,795**
233,582	Department of Advanced Education and Manpower bursary refunds	152,001
182,265,107	**Total payments Saskatchewan Medical Care Insurance Fund**	**195,287,796**
1,480,795	Excess of receipts over payments	(280,795)
(1,146,206)	Balance of fund beginning of year	334,589
$ 334,589	Balance of fund end of year (Note 3)	$ 53,794
$ 334,589	Represented by: Cash	$ 53,794

(See accompanying notes to the financial statements)

Statement of Administration Payments

Year Ended March 31

(With comparative figures for the previous year)

1985		1986
$4,039,922	Salaries	$4,058,276
573,160	Registration services (S.H.S.P.)	569,100
442,004	Computer services	398,619
469,907	Systems analyst services	295,077
244,616	Postage and communication	211,047
169,840	Rent of office equipment	161,138
156,066	Stationery and office supplies	138,097
80,085	Data processing services (S.H.S.P.)	78,733
18,026	Miscellaneous contractual services	52,724
47,852	Payments to Commission members	43,572
25,338	Printing and advertising	36,848
14,741	Travel and sustenance	23,856
78,080	Equipment purchase and repair	12,950
6,359,637		6,080,037
136,941	Less: Recoveries for services to other agencies	120,414
$6,222,696	**Total administration payments to Statement 1**	**$5,959,623**

(S.H.S.P.) Saskatchewan Hospital Services Plan

(See accompanying notes to the financial statements)

Saskatchewan Medical Care Insurance Fund

Notes to Financial Statements

March 31, 1986

1. **Accounting Policies**

The accounts of the Fund are maintained on a cash basis whereby revenues are recorded as received and expenditures are recorded when paid. Accordingly, the assets and liabilities (excluding cash and the balance of fund), as at March 31, are not reflected in these financial statements.

2. **Authority**

The Saskatchewan Medical Care Insurance Fund was established in 1962 under the authority of The Saskatchewan Medical Care Insurance Act.

3. **Balance of Fund**

The balance of fund represents an accumulation of previous years' surplus or deficits.

	Balance March 31, 1985	Current Receipts	Current Payments	Balance March 31, 1986
Insured Services	$ 13,137	$189,007,001	$189,328,173	$(308,035)
Administration	321,452	6,000,000	5,959,623	361,829
	$334,589	$195,007,001	$195,287,796	$ 53,794

Subsection 32(4) of The Saskatchewan Medical Care Insurance Act states:

"At the end of each fiscal year, any amount in the fund in excess of the amount required to make the payments from the fund for that fiscal year shall be paid to the consolidated fund."

4. **Related Party Transactions**

Costs not normally allocated between government departments, such as occupancy costs, are not charged to the Fund.

Statistical Tables

Introductory Notes

General — The following tables are based upon Commission payments made during 1985-86 for medical, optometric and chiropractic services provided to Commission beneficiaries as outlined in Table 6, page 27. A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provided for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and subsequent fiscal years are included in the insured service data for that year.

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by the Saskatchewan Hospital Services Plan.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1985-86 include some services rendered in 1984-85.

Payment Adjustments — The difference between "Gross Insured Service Payments" (Statement 1, page 16) and the total payments shown in the statistical tables is due to accounting adjustments, certain recoveries, and the payments to S.H.S.P. on a global basis for medical and optometric services provided in community clinics.

Number of Services — Certain categories of service data shown in the tables may:

(a) represent an understatement, e.g.:

  (i) many surgical procedures include visit services and procedures provided during the pre- and post-operative care period;

  (ii) obstetrical services include post-natal care in hospital;

  (iii) some visit services include minor procedures;

or

(b) represent an overstatement, e.g.:

  (i) surcharges counted as services;

  (ii) additional time units in anaesthesia, surgical assistance, etc., counted as services.

Opted Out Practitioners — The comparability of 1985-86 to 1984-85 is slightly affected by some practitioners opting to practise outside of the coverage by the Commission. In particular, four ophthalmologists opted out for the period August 1 to August 27, 1985. Three chiropractors have opted out since August 1, 1985. Statistics do not reflect services provided by these practitioners during the opted out period.

Definitions of Service Groupings (Tables 9 to 12)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the progress of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls** — Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; special care home and nursing home routine visit services; and follow-up house calls not specially called.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient returns to the referring physician for continuing treatment. If continuing treatment is provided by the consultant the visit is classified and paid as a complete or partial assessment.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (see page 12).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprises therapeutic procedures, including some special psychiatric treatment procedures, for which the specialist fee listed in the Payment Schedule was $17.00 or more as of April 30, 1975.

(q) **Minor Therapeutic Procedures** — Comprises special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Refractions by Optometrists** — Eye examinations to determine the refractive state of the eye, when provided by an optometrist.

Categories of Practitioners (Tables 13 and 16 to 24)

I. **Physicians**

(a) **Family Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A family practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural** — A family practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A family practitioner who maintains patients' medical records with one or more other physicians.

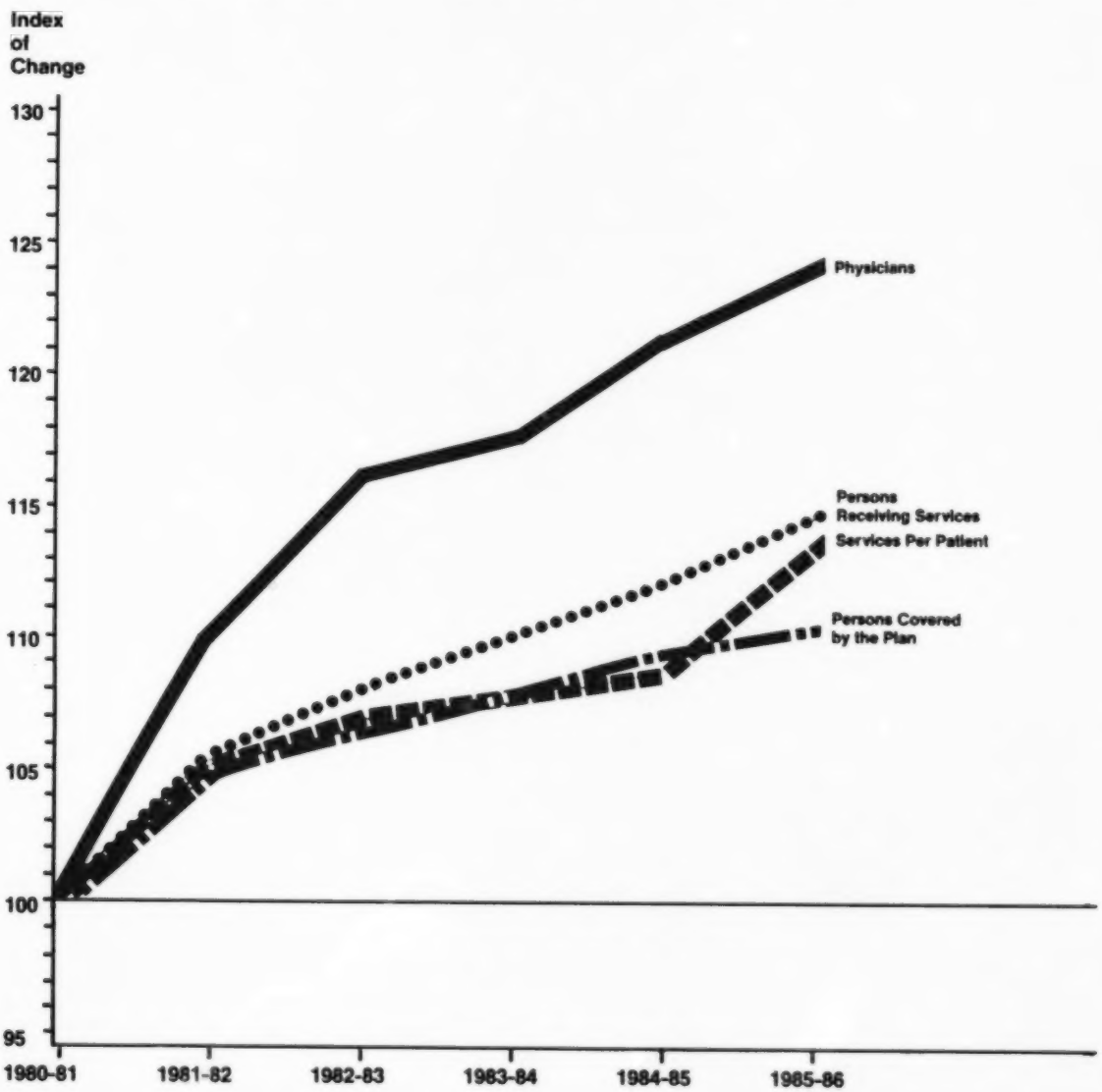
(iv) **Solo** — A family practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive Commission payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.
Note: Physiatrists are included with Internists; Medical Geneticists with Paediatricians, and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist** — a practitioner registered by the Saskatchewan Optometric Association.

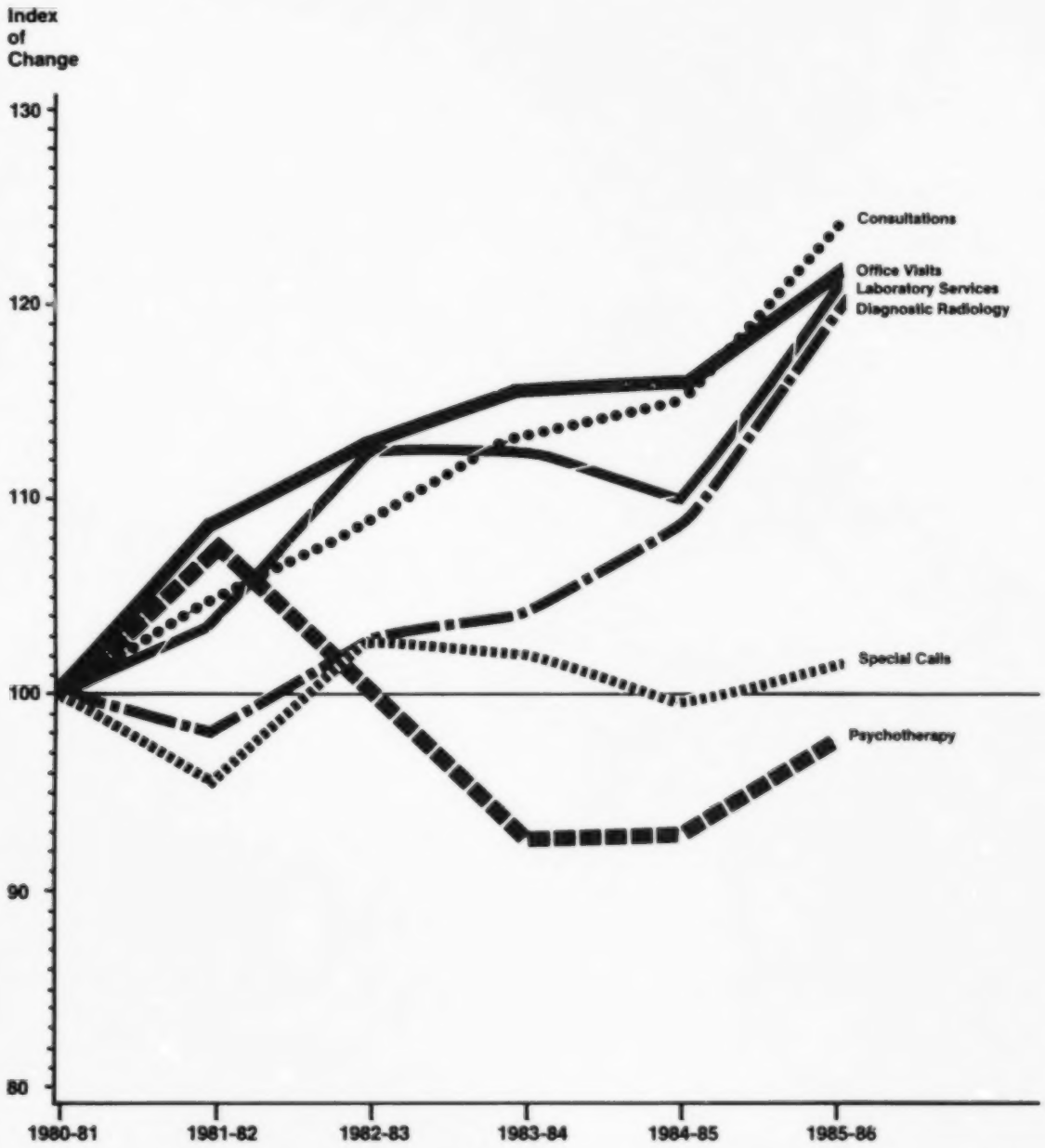
III. **Chiropractor** — a practitioner registered by the Chiropractors' Association of Saskatchewan.

Figure 1
Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services (Indexed to Base Year 1980-81)



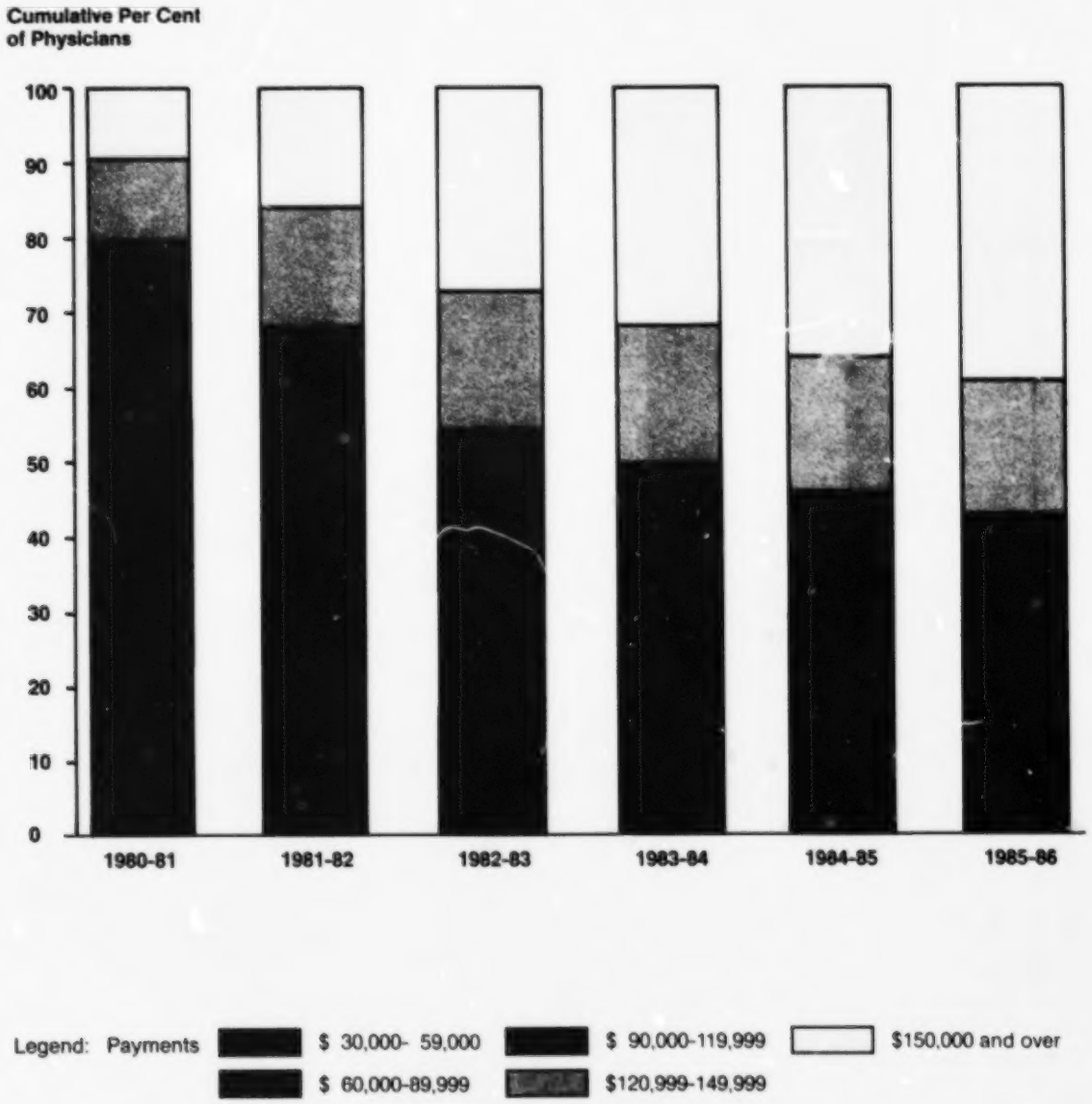
Note: Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured data for those years.

Figure 2
Annual Per Cent Change in Services Per 1,000 Beneficiaries For Selected Types of Service (Indexed to Base Year 1980-81)



Note: Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured data for those years.

Figure 3
Per Cent of Physicians by Range of MCIC Payment, 1980-81 to 1985-86



Note: Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured data for those years.

Figure 4
Cumulative Per Cent of Claims Paid by Length of Time Between Date of Service and Date of Payment

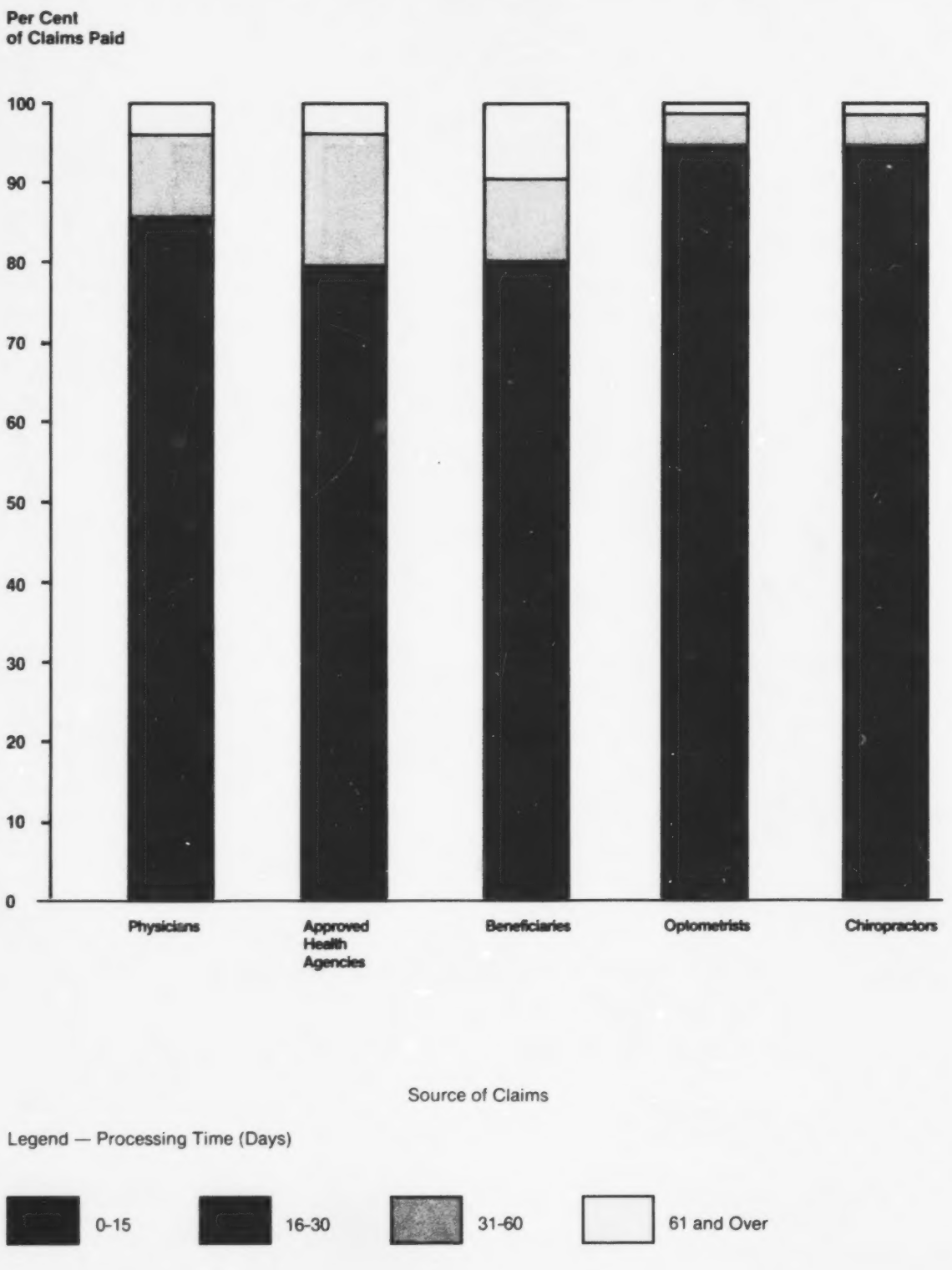


Table 1
Summary of Receipts and Payments

	Amount (000's)		Per Cent of Total	
	1984-85	1985-86	1984-85	1985-86
Receipts				
Grant from Consolidated Fund	$183,512	$194,855	100.0	100.0
Payments				
Insured Services	$175,646	$189,032	96.5	96.8
Swift Current Health Region	163	144	0.1	0.1
Administration Payments[1]	6,222	5,960	3.4	3.1
Total Payments	**$182,031**	**$195,136**	**100.0**	**100.0**
Excess of Receipts over Payments	**1,481**	**(281)**		
	$183,512	**$194,855**		

[1] Does not include the value of some services and facilities provided at no direct cost to the Commission by other Government agencies, e.g. office space, furniture, central purchasing, central personnel services, or group life contributions. Their estimated value is $658,000 for 1984-85 and $662,000 for 1985-86. Including them brings administration costs as a per cent of total payments to 3.8% in 1984-85 and 3.4% in 1985-86.

Table 2
Analysis of Per Cent Change in Annual Gross Payments

Year	Gross Payments for Insured Services (000's)[1]	Per Cent Change Due To: Change in Population	Increase in Fees	Change in Coverage[2]	Change in Value of Claims Inventory[3]	Change in Per Capita Utilization[4]	**Total Per Cent Change**
1981-82	122,253	—	—	—	—	—	**—**
1982-83	148,601	1.07	15.38	0.24	-1.79	6.65	**21.55**
1983-84	162,734	1.40	6.04	—	0.67	1.40	**9.51**
1984-85	175,764	1.46	3.94	—	0.29	2.32	**8.01**
1985-86	189,065	1.03	0.99	-0.06	-0.91	6.52	**7.57**
Average Annual Per Cent Change 1981-82 to 1985-86	—	1.24	6.59	0.04	-0.43	4.22	**11.66**

[1] Includes payments for insured services provided by Physicians, Optometrists and Chiropractors as per Statement 1, page 16.

[2] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured services was discontinued. A new agreement between the two parties provided for the M.C.I.C. to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning with 1981-82 are included in insured service data, including an adjustment for residual effects of the previous grant system.

Beginning August 1, 1985 four physicians and three chiropractors opted to bill patients outside of the coverage of the Medical Care Insurance Plan. The physicians opted back under the Plan on August 28, 1985, while the chiropractors remained opted out. An adjustment for services provided in the opted out periods reflects the value of the opted out services.

[3] Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.

[4] The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services. The 1985-86 period included one week of claims processing more than the 1984-85 fiscal year.

Table 3
Adjustments and Recoveries by the Commission

	1984-85		1985-86	
	Number of Practitioners[1]	Adjustment or Recovery (000's)	Number of Practitioners[1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,689	$7,755.6	1,728	$5,831.9
Special Commission Studies[3]	10	21.8	6	17.8
Professional Review Activity	15	96.1	6	15.3
Total	—	**$7,873.5**	—	**$5,865.0**

1 Practitioners who received a Commission payment during the year.

2 The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

3 The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the Commission.

Table 4
Volume of Claims Compared to Number of M.C.I.C. Staff

Year	1981-82	1982-83	1983-84	1984-85	1985-86
Thousands of Claims Received	6,459	6,855	7,129	7,364	7,819
Number of Employees[1]	159	159	151	147	139
Claims per Employee	**40,623**	**43,113**	**47,212**	**50,095**	**56,252**

1 Number of employees on staff as at March 31 of each fiscal year.

Table 5
Claims Received by Method of Billing

	Thousands of Claims Received					Per Cent of Claims Received				
Claims Received from:[1]	81-82	82-83	83-84	84-85	85-86	81-82	82-83	83-84	84-85	85-86
Physicians	5,389	5,758	6,025	6,266	6,749	83.4	84.0	84.5	85.1	86.3
Optometrists	168	181	197	201	215	2.6	2.6	2.8	2.7	2.8
Chiropractors	245	284	316	346	585	3.8	4.2	4.4	4.7	7.4
All Providers of Service	**5,802**	**6,223**	**6,538**	**6,813**	**7,549**	**89.8**	**90.8**	**91.7**	**92.5**	**96.5**
Group Medical Services	45	36	35	32	28	0.7	0.5	0.5	0.5	0.4
Medical Services Inc.	136	130	111	98	59	2.1	1.9	1.6	1.3	0.8
Total Approved Health Agencies	**181**	**166**	**146**	**130**	**87**	**2.8**	**2.4**	**2.1**	**1.8**	**1.2**
Beneficiaries	**476**	**466**	**445**	**421**	**183**	**7.4**	**6.8**	**6.2**	**5.7**	**2.3**
Total	**6,459**	**6,855**	**7,129**	**7,364**	**7,819**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

1 Includes claims for services received outside the province. Out-of-province claims, as a per cent of total claims received in 1985-86 amounted to 2.2% of which 1.6% were from practitioners and 0.6% were from beneficiaries.

Table 6
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1985		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,705	8,101	15,518	13,663	290,576	238,745
1 - 4	36,371	34,909	8.918	7,993	146,090	125,675
5 - 14	83,204	79,719	5,424	5,471	85,087	81,995
15 - 24	93,920	89,497	5,224	13,410	85,280	185,947
25 - 44	151,283	143,873	6,185	14,426	103,446	213,267
45 - 64	91,018	91,221	10,361	13,323	179,646	204,920
65 - 69	19,401	21,486	15,394	16,426	265,098	251,256
70 and over	38,381	48,160	22,969	24,809	341,296	333,211
All Beneficiaries	**522,283**	**516,966**	**8,540**	**13,279**	**140,106**	**194,059**
B. Optometrists						
Under 1	8,705	8,101	1	1	33	35
1 - 4	36,371	34,909	50	45	1,428	1,280
5 - 14	83,204	79,719	201	252	5,722	7,175
15 - 24	93,920	89,497	172	279	4,895	7,939
25 - 44	151,283	143,873	151	247	4,394	7,044
45 - 64	91,018	91,221	221	275	6,375	7,830
65 - 69	19,401	21,486	222	266	6,408	7,578
70 and over	38,381	48,160	211	252	6,001	7,150
All Beneficiaries	**522,283**	**516,966**	**173**	**242**	**4,955**	**6,891**
C. Chiropractors						
Under 1	8,705	8,101	14	10	147	108
1 - 4	36,371	34,909	29	23	293	232
5 - 14	83,204	79,719	104	120	1,087	1,252
15 - 24	93,920	89,497	443	625	4,697	6,540
25 - 44	151,283	143,873	922	1,175	9,676	12,246
45 - 64	91,018	91,221	1,132	1,442	11,830	15,020
65 - 69	19,401	21,486	975	1,287	10,185	13,393
70 and over	38,381	48,160	697	831	7,262	8,646
All Beneficiaries	**522,283**	**516,966**	**650**	**841**	**6,817**	**8,763**

Table 7
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1984-85 Number of Beneficiaries	1984-85 % of Beneficiaries	1984-85 % of Payments	1984-85 % of Services	1985-86 Number of Beneficiaries	1985-86 % of Beneficiaries	1985-86 % of Payments	1985-86 % of Services
A. Physicians Only								
$ 0.00[1]	145,563	14.2	—	—	135,476	13.0	—	—
$ 0.01 - $ 25.00	104,448	10.1	0.9	1.1	102,456	9.9	0.9	1.1
$ 25.01 - $ 50.00	158,106	15.4	3.5	4.1	155,435	15.0	3.2	3.8
$ 50.01 - $ 100.00	199,722	19.4	9.0	10.6	200,912	19.3	8.5	10.0
$100.01 - $ 200.00	189,587	18.4	16.7	19.0	196,294	18.9	16.2	18.5
$200.01 - $ 500.00	161,066	15.7	30.9	32.1	170,915	16.4	30.6	32.3
$500.01 - $1,000.00	53,740	5.2	22.7	20.4	58,750	5.7	23.1	20.9
Over $1,000.00	16,733	1.6	16.3	12.7	19,011	1.8	17.5	13.4
Total	**1,028,965**	**100.0**	**100.0**	**100.0**	**1,039,249**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	830,810	80.7	—	—	828,749	79.7	—	—
$ 0.01 - $ 25.00	1,829	0.2	0.7	0.9	2,486	0.2	1.0	1.2
$ 25.01 - $ 50.00	192,161	18.7	95.1	94.9	203,138	19.6	94.1	94.3
Over $50.00	4,165	0.4	4.2	4.2	4,876	0.5	4.9	4.5
Total	**1,028,965**	**100.0**	**100.0**	**100.0**	**1,039,249**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	929,316	90.3	—	—	933,899	89.9	—	—
$ 0.01 - $ 25.00	33,651	3.3	7.0	7.2	33,051	3.2	6.0	6.1
$ 25.01 - $ 50.00	20,628	2.0	10.5	10.5	20,244	1.9	8.8	8.9
$ 50.01 - $ 100.00	23,249	2.3	22.6	22.5	25,602	2.5	21.6	21.4
$100.01 - $ 200.00	15,412	1.5	29.9	29.7	17,999	1.7	30.5	30.4
Over $200.00	6,709	0.6	30.0	30.1	8,454	0.8	33.1	33.2
Total	**1,028,965**	**100.0**	**100.0**	**100.0**	**1,039,249**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.

Table 8
Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	8,705	11,823	100.00	15.52	290.58	11.43	213.94	18.72
	F	8,101	11,034	100.00	13.66	238.75	10.03	175.28	17.47
	T	**16,806**	**22,857**	**100.00**	**14.62**	**265.59**	**10.75**	**195.28**	**18.16**
1 - 4	M	36,371	35,162	96.68	8.92	146.09	9.22	151.11	16.38
	F	34,909	33,393	95.66	7.99	125.68	8.36	131.38	15.72
	T	**71,280**	**68,555**	**96.18**	**8.46**	**136.09**	**8.80**	**141.50**	**16.08**
5 - 9	M	42,623	36,679	86.05	5.77	92.41	6.71	107.38	16.01
	F	40,858	34,854	85.31	5.55	84.76	6.50	99.36	15.28
	T	**83,481**	**71,533**	**85.69**	**5.66**	**88.67**	**6.61**	**103.47**	**15.66**
10 - 14	M	40,581	31,901	78.61	5.06	77.40	6.43	98.46	15.30
	F	38,861	31,253	80.42	5.39	79.09	6.71	98.34	14.67
	T	**79,442**	**63,154**	**79.50**	**5.22**	**78.22**	**6.57**	**98.40**	**14.98**
15 - 19	M	42,536	34,465	81.03	5.19	83.35	6.41	102.87	16.06
	F	40,454	39,530	97.72	10.33	144.98	10.57	148.37	14.04
	T	**82,990**	**73,995**	**89.16**	**7.69**	**113.39**	**8.63**	**127.17**	**14.74**
20 - 24	M	51,384	37,622	73.22	5.25	86.88	7.17	118.66	16.54
	F	49,043	48,523	98.94	15.95	219.74	16.12	222.09	13.77
	T	**100,427**	**86,145**	**85.78**	**10.48**	**151.76**	**12.22**	**176.92**	**14.48**
25 - 29	M	48,672	35,862	73.68	5.56	92.40	7.55	125.41	16.62
	F	46,464	45,344	97.59	17.27	246.20	17.70	252.28	14.26
	T	**95,136**	**81,206**	**85.36**	**11.28**	**167.52**	**13.21**	**196.25**	**14.85**
30 - 34	M	42,572	32,070	75.33	5.97	100.13	7.93	132.91	16.77
	F	39,912	37,826	94.77	14.49	216.59	15.29	228.53	14.95
	T	**82,484**	**69,896**	**84.74**	**10.09**	**156.48**	**11.91**	**184.66**	**15.50**
35 - 39	M	34,020	25,562	75.14	6.50	108.95	8.65	144.99	16.77
	F	32,441	29,468	90.84	12.27	187.75	13.50	206.69	15.31
	T	**66,461**	**55,030**	**82.80**	**9.31**	**147.41**	**11.25**	**178.03**	**15.83**
40 - 44	M	26,019	19,319	74.25	7.30	122.35	9.83	164.78	16.77
	F	25,056	21,930	87.52	11.85	179.95	13.54	205.60	15.18
	T	**51,075**	**41,249**	**80.76**	**9.53**	**150.60**	**11.80**	**186.48**	**15.80**
45 - 49	M	22,744	17,109	75.22	8.06	137.35	10.71	182.59	17.05
	F	22,337	19,585	87.68	12.37	193.98	14.11	221.24	15.68
	T	**45,081**	**36,694**	**81.40**	**10.20**	**165.41**	**12.53**	**203.22**	**16.22**
50 - 54	M	22,986	17,589	76.52	9.23	155.36	12.06	203.03	16.83
	F	22,381	19,361	86.51	13.11	202.90	15.16	234.55	15.47
	T	**45,367**	**36,950**	**81.45**	**11.15**	**178.81**	**13.69**	**219.55**	**16.04**
55 - 59	M	23,141	18,128	78.34	11.07	195.16	14.14	249.12	17.62
	F	23,413	20,331	86.84	13.41	204.94	15.44	236.01	15.28
	T	**46,554**	**38,459**	**82.61**	**12.25**	**200.08**	**14.83**	**242.19**	**16.33**
60 - 64	M	22,147	18,277	82.53	13.16	232.08	15.94	281.22	17.64
	F	23,090	20,236	87.64	14.35	217.44	16.38	248.11	15.15
	T	**45,237**	**38,513**	**85.14**	**13.77**	**224.61**	**16.17**	**263.82**	**16.31**
65 - 69	M	19,401	16,553	85.32	15.39	265.10	18.04	310.71	17.22
	F	21,486	19,261	89.64	16.43	251.26	18.32	280.28	15.30
	T	**40,887**	**35,814**	**87.59**	**15.94**	**257.82**	**18.19**	**294.34**	**16.18**
70 - 74	M	16,014	14,302	89.31	18.30	296.86	20.49	332.40	16.22
	F	18,467	17,093	92.56	19.06	283.71	20.59	306.51	14.89
	T	**34,481**	**31,395**	**91.05**	**18.71**	**289.82**	**20.55**	**318.30**	**15.49**
75 and over	M	22,367	22,154	99.05	26.31	373.11	26.56	376.70	14.18
	F	29,693	29,818	100.00	28.39	364.00	28.27	362.47	12.82
	T	**52,060**	**51,972**	**99.83**	**27.50**	**367.91**	**27.54**	**368.54**	**13.38**
Total all ages	**M**	**522,283**	**424,577**	**81.29**	**8.54**	**140.11**	**10.51**	**172.35**	**16.41**
	F	**516,966**	**478,840**	**92.63**	**13.28**	**194.06**	**14.34**	**209.51**	**14.61**
	T	**1,039,249**	**903,417**	**86.93**	**10.90**	**166.94**	**12.54**	**192.05**	**15.32**

[1] As at June 30, 1985.

[2] Population treated at any time during the fiscal year.

Table 9
Services by Type of Service

Type of Service[1]	Number of Services (000's) 1984-85	Number of Services (000's) 1985-86	Number of Services Per 1,000 Beneficiaries 1984-85	Number of Services Per 1,000 Beneficiaries 1985-86	Per Cent Change 1984-85 to 1985-86
Complete Assessments	427.0	430.4	415	414	-0.24
Partial Assessments	3,798.9	4,027.8	3,692	3,875	4.96
Minor Assessments	134.3	139.0	130	134	3.08
Special Calls	436.8	449.6	425	433	1.88
Hospital Care	1,154.5	1,151.6	1,122	1,108	-1.25
Psychotherapy	220.9	234.6	215	226	5.12
	6,172.4	**6,433.0**	**5,999**	**6,190**	**3.18**
Consultations	**293.5**	**317.8**	**285**	**306**	**7.37**
Laboratory Services	2,452.2	2,715.4	2,383	2,613	9.65
Diagnostic Radiology	198.7	220.0	193	212	9.84
Other Diagnostic Procedures	651.7	720.1	634	693	9.31
	3,302.6	**3,655.5**	**3,210**	**3,518**	**9.60**
Major Surgery	91.0	96.1	88	92	4.55
Minor Surgery	183.9	206.0	179	198	10.61
Obstetrics	20.6	20.9	20	20	—
Anaesthesia	190.9	198.3	185	191	3.24
Surgical Assistance	55.2	55.8	54	54	—
	541.6	**577.1**	**526**	**555**	**5.51**
Major Therapeutic Procedures	56.7	64.1	55	62	12.73
Minor Therapeutic Procedures	246.0	263.1	239	253	5.86
	302.7	**327.2**	**294**	**315**	**7.14**
Refractions by Physicians	**36.8**	**32.2**	**36**	**31**	**-13.89**
All Physician Services	**10,649.6**	**11,342.8**	**10,350**	**10,915**	**5.46**
Refractions by Optometrists	**202.3**	**215.4**	**197**	**207**	**5.08**
Chiropractic Visit Services	666.3	763.3	647	734	13.45
Chiropractic X-Ray Services	9.4	10.9	9	11	22.22
All Chiropractor Services	**675.7**	**774.2**	**656**	**745**	**13.57**
All Services	**11,527.6**	**12,332.4**	**11,203**	**11,867**	**5.93**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 10
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 1984-85	Dollar Payments (000's) 1985-86	Dollar Payments Per 1,000 Beneficiaries 1984-85	Dollar Payments Per 1,000 Beneficiaries 1985-86	Per Cent Change 1984-85 to 1985-86
Complete Assessments	13,174	13,309	12,803	12,807	0.03
Partial Assessments	53,871	57,517	52,355	55,345	5.71
Minor Assessments	1,859	1,939	1,807	1,865	3.21
Special Calls	7,600	7,724	7,386	7,432	0.62
Hospital Care	8,695	8,731	8,449	8,401	-0.57
Psychotherapy	3,738	4,129	3,633	3,973	9.36
	88,937	**93,349**	**86,433**	**89,823**	**3.92**
Consultations	**13,258**	**14,884**	**12,885**	**14,322**	**11.15**
Laboratory Services	10,699	12,404	10,398	11,936	14.79
Diagnostic Radiology	5,783	6,469	5,620	6,225	10.77
Other Diagnostic Procedures	9,653	10,909	9,381	10,497	11.90
	26,135	**29,782**	**25,399**	**28,658**	**12.83**
Major Surgery	16,417	17,610	15,955	16,945	6.20
Minor Surgery	2,917	3,154	2,834	3,035	7.09
Obstetrics	3,160	3,231	3,072	3,109	1.20
Anaesthesia	6,799	7,133	6,608	6,863	3.86
Surgical Assistance	1,620	1,638	1,574	1,576	0.13
	30,913	**32,766**	**30,043**	**31,528**	**4.94**
Major Therapeutic Procedures	1,379	1,565	1,340	1,506	12.39
Minor Therapeutic Procedures	1,338	1,380	1,301	1,328	2.08
	2,717	**2,945**	**2,641**	**2,834**	**7.31**
Refractions by Physicians	**881**	**768**	**856**	**739**	**-13.67**
All Physician Services	**162,841**	**174,494**	**158,257**	**167,904**	**6.10**
Refractions by Optometrists	**5,649**	**6,150**	**5,490**	**5,918**	**7.80**
Chiropractic Visit Services	6,732	7,824	6,543	7,528	15.05
Chiropractic X-Ray Services	236	267	229	257	12.23
All Chiropractor Services	**6,968**	**8,091**	**6,772**	**7,785**	**14.96**
All Services	**175,458**	**188,735**	**170,519**	**181,607**	**6.50**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 11
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1984-85 Family Practitioners ($)	1984-85 Specialists ($)	1984-85 All Practitioners ($)	1985-86 Family Practitioners ($)	1985-86 Specialists ($)	1985-86 All Practitioners ($)
Complete Assessments	28.98	42.41	30.85	28.98	43.04	30.93
Partial Assessments	13.78	21.53	14.18	13.90	21.61	14.28
Minor Assessments	—	13.84	13.84	—	13.95	13.95
Special Calls	17.01	21.28	17.40	16.74	21.43	17.18
Hospital Care	6.87	9.59	7.53	6.90	9.68	7.58
Psychotherapy	13.34	26.07	16.93	13.65	26.59	17.60
	13.92	**17.82**	**14.41**	**14.01**	**18.07**	**14.51**
Consultations	**32.10**	**46.75**	**45.18**	**32.09**	**48.36**	**46.84**
Laboratory Services	3.31	5.62	4.36	3.28	5.87	4.57
Diagnostic Radiology	23.21	29.11	29.10	22.75	29.41	29.40
Other Diagnostic Procedures	9.34	17.38	14.81	9.87	17.12	15.15
	4.13	**11.22**	**7.91**	**4.11**	**11.15**	**8.15**
Major Surgery	98.72	202.72	180.34	94.64	205.29	183.17
Minor Surgery	14.83	21.77	15.86	14.02	23.04	15.31
Obstetrics	141.36	177.28	153.36	140.83	179.49	154.23
Anaesthesia	33.57	36.96	35.61	33.56	37.41	35.98
Surgical Assistance	28.96	32.18	29.38	29.06	31.58	29.38
	32.30	**91.22**	**57.08**	**30.47**	**92.44**	**56.78**
Major Therapeutic Procedures	24.59	24.30	24.34	23.90	24.47	24.41
Minor Therapeutic Procedures	5.14	7.31	5.44	4.99	6.52	5.24
	5.73	**17.40**	**8.98**	**5.57**	**16.74**	**9.00**
Refractions by Physicians	**21.60**	**25.09**	**23.95**	**21.60**	**25.38**	**23.86**
All Physician Services	**12.53**	**21.91**	**15.29**	**12.57**	**21.59**	**15.38**
Refractions by Optometrists	—	—	**27.92**	—	—	**28.56**
Chiropractic Visit Services	—	—	10.10	—	—	10.25
Chiropractic X-Ray Services	—	—	25.20	—	—	24.44
All Chiropractor Services	—	—	**10.31**	—	—	**10.45**
All Services	**12.53**	**21.91**	**15.22**	**12.57**	**21.59**	**15.30**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 12
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1984-85	1985-86	1984-85	1985-86
Complete Assessments	3.70	3.49	7.51	7.05
Partial Assessments	32.95	32.66	30.70	30.47
Minor Assessments	1.17	1.13	1.06	1.03
Special Calls	3.79	3.64	4.33	4.09
Hospital Care	10.01	9.34	4.96	4.63
Psychotherapy	1.92	1.90	2.13	2.19
	53.54	**52.16**	**50.69**	**49.46**
Consultations	**2.55**	**2.58**	**7.56**	**7.88**
Laboratory Services	21.27	22.02	6.10	6.57
Diagnostic Radiology	1.73	1.78	3.29	3.43
Other Diagnostic Procedures	5.65	5.84	5.50	5.78
	28.65	**29.64**	**14.89**	**15.78**
Major Surgery	0.79	0.78	9.36	9.33
Minor Surgery	1.59	1.67	1.66	1.67
Obstetrics	0.18	0.17	1.80	1.71
Anaesthesia	1.66	1.61	3.88	3.78
Surgical Assistance	0.48	0.45	0.92	0.87
	4.70	**4.68**	**17.62**	**17.36**
Major Therapeutic Procedures	0.49	0.52	0.79	0.83
Minor Therapeutic Procedures	2.13	2.13	0.76	0.73
	2.62	**2.65**	**1.55**	**1.56**
Refractions by Physicians	**0.32**	**0.26**	**0.50**	**0.41**
All Physician Services	**92.38**	**91.97**	**92.81**	**92.45**
Refractions by Optometrists	**1.76**	**1.75**	**3.22**	**3.26**
Chiropractic Visits Services	5.78	6.19	3.84	4.15
Chiropractic X-Ray Services	0.08	0.09	0.13	0.14
All Chiropractor Services	**5.86**	**6.28**	**3.97**	**4.29**
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 13
Resident Physician Services by Type of Service and Type of Practitioner

Type of Service (000's) / Type of Practitioner	Family Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	29.0	21.9	58.7	14.9	4.2	5.6	36.4	2.5
Special Eye Examination	12.9	—	—	—	—	—	—	—
Complete Examination	360.3	22.5	31.6	2.4	8.6	0.5	15.9	0.5
Partial Examination	3,714.6	51.7	45.2	3.7	6.7	4.3	26.9	1.2
Well Baby Care	42.1	2.4	—	—	—	—	—	—
Other Office Visits	0.2	1.5	—	—	—	—	—	—
Hospital								
Newborn, Premature	15.0	7.2	—	—	—	—	—	—
Other	842.0	43.1	158.2	11.5	19.7	0.8	33.5	2.4
Special Calls and Emergency	390.7	6.2	8.5	0.7	1.2	0.4	6.0	0.1
Psychotherapy								
Base Time[1]	88.5	0.1	0.2	—	52.2	—	—	—
Additional Time	72.9	0.1	0.2	—	23.1	—	—	—
Major Surgery	9.2	—	0.3	—	—	—	15.4	3.4
Minor Surgery	200.2	2.1	1.5	—	—	6.5	9.4	—
Surgical Assistance								
Base Time[1]	19.5	—	—	—	—	—	1.1	0.1
Additional Time	28.2	—	—	—	—	—	2.1	0.2
Obstetrics	13.6	—	—	—	—	—	—	—
Anaesthesia								
Base Time[1]	32.0	—	—	—	—	—	—	—
Additional Time	40.4	—	—	—	—	—	—	—
Diagnostic Radiology	—	—	—	—	—	—	—	—
Pathology/Laboratory Services	1,215.2	9.6	14.2	—	—	0.5	10.3	—
Laboratory Tracings	34.2	—	0.2	—	—	—	0.6	—
Diagnostic Ultrasound	—	1.5	6.4	—	—	—	—	—
Other Diagnostic and Therapeutic Services	355.7	56.2	228.9	12.7	3.8	1.6	13.8	4.1
Special Diagnostic and Therapeutic Services	146.5	—	0.4	—	—	—	0.4	—
Miscellaneous Services	10.5	1.3	0.8	—	0.1	—	0.3	—
Total Services	**7,673.4**	**227.4**	**555.3**	**45.9**	**119.6**	**20.2**	**172.1**	**14.5**

[1] Represents the number of instances these types of services were provided during the year.

Note: Services are grouped using a common national grouping.

Table 13 (Continued)

Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Urological Surgeons	Obstetri-cians and Gynaeco-logists	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathol-ogists	Diagnostic Radiolo-gists	**Total Services**
33.9	7.2	4.2	11.9	33.1	19.9	23.0	1.6	—	—	**308.0**
—	—	—	—	—	18.5	—	—	—	—	**31.4**
6.5	1.3	1.3	3.1	15.5	12.1	11.7	—	—	—	**493.8**
11.7	2.3	2.0	6.0	36.1	28.7	13.8	—	—	—	**3,954.9**
—	—	—	—	—	—	—	—	—	—	**44.5**
—	—	—	—	0.4	—	—	—	—	—	**2.1**
—	—	—	—	—	—	—	—	—	—	**22.2**
7.5	1.0	7.9	2.5	6.8	1.0	1.0	11.7	—	—	**1,150.6**
2.4	0.5	0.5	0.4	6.7	0.6	0.5	2.1	—	0.1	**427.6**
—	—	—	—	0.4	—	—	—	—	—	**141.4**
—	—	—	—	0.4	—	—	—	—	—	**96.7**
11.7	3.8	1.6	4.1	6.4	6.1	3.8	—	—	—	**65.8**
1.0	5.4	—	0.6	1.1	1.0	4.6	—	—	—	**233.4**
0.1	—	0.1	0.2	0.3	0.1	—	—	—	—	**21.5**
0.3	0.1	0.8	0.5	0.4	0.1	—	—	—	—	**32.7**
—	—	—	—	7.2	—	—	—	—	—	**20.8**
0.2	—	0.1	—	—	—	—	41.5	—	—	**73.8**
0.4	—	0.1	—	—	—	—	75.3	—	—	**116.2**
—	—	—	—	—	—	—	—	—	212.3	**212.3**
0.2	—	—	6.9	55.7	—	—	0.2	1,203.9	—	**2,516.7**
—	—	—	—	0.3	—	—	—	—	—	**35.3**
—	—	—	—	2.8	1.6	—	—	—	28.6	**40.9**
3.5	0.3	—	11.5	13.7	59.1	111.1	3.7	1.3	4.6	**885.6**
—	—	—	—	19.5	—	—	—	—	1.0	**167.8**
—	—	0.1	—	0.1	—	—	0.7	—	—	**13.9**
79.4	**21.9**	**18.7**	**47.7**	**206.9**	**148.8**	**169.5**	**136.8**	**1,205.2**	**246.6**	**11,109.9**

Table 14
Patients, Services and Payments for Selected Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1984-85 to 1985-86
		Patients	Payments	Services	
Electrocardiograms, Vectorcardiograms and Echocardiograms	324,437	145.17	3,184.67	312.18	11.88
Allergy Investigation and Hyposensitization Injections	265,188	17.76	1,228.40	255.17	5.85
Submission of Papanicolau Smear	164,507	276.07[f]	1,018.19[f]	318.22[f]	2.85
Suturing of Wounds	36,268	32.77	1,308.61	34.90	-0.26
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	36,218	26.84	841.93	34.85	13.15
Delivery — Vaginal	15,345	29.39[f]	4,429.95[f]	29.68[f]	0.78
— Caesarean	2,939	5.68[f]	1,390.27[f]	5.69[f]	1.07
Sigmoidoscopy	11,271	9.70	278.99	10.85	-0.46
Plantar Wart Excision or Fulguration	10,577	6.49	128.30	10.18	5.17
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	9,675	6.46	101.06	9.31	-2.10
Electroencephalograms or Echoencephalograms	8,962	7.59	203.35	8.62	6.55
Dilatation and Curettage	7,932	14.89[f]	918.74[f]	15.34[f]	-1.41
Cystoscopy	7,847	6.93	391.72	7.55	8.48
Artificial Extra Corporeal Haemodialysis	7,099	0.21	196.06	6.83	-4.48
Fractures, Open Surgical or Closed Reduction	6,650	5.46	1,059.66	6.40	3.23
Tubal Ligation	3,690	7.13[f]	1,129.05[f]	7.14[f]	7.69
Tonsillectomy (With or Without Adenoidectomy)	3,677	3.51	337.82	3.54	-5.85
Cardiac Catheterization	2,935	1.56	281.89	2.82	9.73
Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent	2,774	2.47	613.10	2.67	1.52
Cataract Extraction	2,658	2.41	994.60	2.56	11.79
Psychological Testing	2,541	2.35	44.69	2.45	2.94
Gall Bladder or Other Biliary Tract Surgery	2,356	2.21	811.79	2.27	-2.58
Vasectomy	2,092	3.98[m]	530.83[m]	4.01[m]	11.39
Hysterectomy — Abdominal	1,412	2.73[f]	842.52[f]	2.73[f]	0.37
— Vaginal	425	0.82[f]	286.96[f]	0.82[f]	5.13
Electroconvulsive Therapy	1,500	0.23	28.66	1.44	30.91
Prostatectomy (With or Without Vasectomy)	1,499	2.85[m]	1,140.21[m]	2.87[m]	—
Appendectomy	1,422	1.36	303.43	1.37	—
Therapeutic Abortion	1,197	2.29[f]	173.85[f]	2.32[f]	-5.31
Septoplasty or Submucous Resection	1,088	1.04	268.12	1.05	0.96
Genital Prolapse Repair	1,049	1.91[f]	516.92[f]	2.03[f]	-0.98
Arthroplasty — Total Hip Replacement	786	0.61	430.17	0.76	20.63
— Total Knee Replacement	247	0.21	115.97	0.24	33.33
Varicose Veins (Ligation)	1,018	0.38	82.70	0.98	3.16
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	495	0.94[f]	192.51[f]	0.96[f]	26.32
Strabismus Operation	459	0.38	84.45	0.44	12.82
Peptic Ulcer Surgery	424	0.39	169.76	0.41	-6.82
Spinal Disc Excision	323	0.31	173.00	0.31	—

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Table 15
Patients, Services and Payments for Selected Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	589	182.6	6,722	566
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	523	252.6	7,028	503
Hypertension	401 - 405	295	68.0	3,698	283
Refractive Errors	367	266	230.8	6,838	256
Ischaemic Heart Disease	410 - 414	229	28.5	4,212	220
Bronchitis	466, 490 & 491	228	106.2	2,904	220
Diseases of the Urinary Tract	580 - 599	219	61.9	3,267	211
Diabetes Mellitus	250	213	20.2	2,073	205
Otitis Media	381 & 382	213	80.1	3,045	205
Neuroses	300	184	53.8	2,865	177
Arthritis	710 - 716	171	50.4	2,727	164
Rheumatic Disease	725 - 729	136	73.5	2,367	131
Cerebrovascular Disease	430 - 438	122	8.8	1,158	118
Disorders of Menstruation	Z08* & 626	108	72.3[f]	3,030[f]	209[f]
Abdominal Swelling (Abdominal Pain)	Z07*	108	40.1	1,803	104
Symptomatic Heart Disease	428 & 429	107	16.1	1,192	103
Diarrheal Disease	009	106	39.9	1,465	102
Eczema	690 - 692	99	60.1	1,392	95
Symptoms — Respiratory System	786	94	37.2	1,525	90
Asthma	493	85	20.3	1,275	82
Pneumonia	480 - 486	82	15.6	950	79
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	75	58.6[f]	1,732[f]	145[f]
Hay Fever	477	73	18.1	865	71
Influenza	487	73	41.4	925	70
Anaemias	280 - 285	70	14.8	749	67
Vertebrogenic Pain Syndrome	724	57	27.3	885	55
Obesity	278	51	18.9	656	49
Chronic Sinusitis	473	49	29.1	644	47
Gastritis and Duodenitis	535	45	21.6	622	44
Cellulitis and Abscess	681 & 682	41	21.2	589	40
Symptoms — Cardiovascular and Lymphatic System	289, 683 & 785	38	17.7	677	37
Symptoms — Genitourinary System	788	30	10.9	517	29
Menopausal Symptoms	627	29	20.9[f]	790[f]	56[f]
Alcoholic Psychosis and Alcoholism	291 & 303	29	4.8	388	28
Myxedema	244	22	7.5	266	21
Disorders of Functions of Stomach	536	20	11.1	284	19
Nervousness and Debility	799	17	4.2	209	16
Ulcer of Duodenum	532	16	6.2	315	16
Epilepsy	345	16	3.9	243	16
Cholecystitis and Cholangitis Without Mention of Calculus	575 & 576	16	4.1	460	15
Varicose Veins of Lower Extremity	454	15	4.4	289	15
Hypertrophy of Tonsils and Adenoids	474	15	6.2	598	14

[1] Ninth Revision International Classification of Diseases, 1977.

Note: M.C.I.C. records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* M.C.I.C. internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Table 16
Turnover of Physicians

	Family Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1981-82[1]	666		348		1,014	
		8.0		6.0		7.3
Still Practising in 1982-83[2]	613		327		940	
Practising in 1982-83[1]	692		354		1,046	
		9.1		9.3		9.2
Still Practising in 1983-84[2]	629		321		950	
Practising in 1983-84[1]	696		352		1,048	
		8.3		6.5		7.7
Still Practising in 1984-85[2]	638		329		967	
Practising in 1984-85[1]	721		371		1,092	
		10.7		6.7		9.3
Still Practising in 1985-86[2]	644		346		990	
Practising in 1985-86[1]	721		383		1,104	

[1] Physicians receiving $7,500 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians receiving $7,500 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1985-86 was 114, the difference between "Practising" (1,104) and "Still Practising" (990).

Table 17
Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86
Family Practitioners[4]	711	718	1.4	1.4	2.2	2.3	7.1	7.3	81.8	83.0
Specialists[4]										
Paediatricians and Medical Geneticists	32	31	32.2	33.5	1.5	1.7	4.4	4.9	4.3	4.3
Internists and Physiatrists	66	67	15.6	15.5	2.0	2.3	4.2	4.5	9.8	10.7
Neurologists	9	10	114.3	103.9	2.1	2.1	3.3	3.3	1.6	1.8
Psychiatrists	21	23	49.0	45.2	0.6	0.6	3.8	3.9	1.0	1.1
Dermatologists	4	4	257.2	259.8	1.4	1.4	3.8	3.6	0.5	0.5
Anaesthetists	33	40	31.2	26.0	1.1	1.1	1.5	1.4	3.5	3.6
General Surgeons	58	57	17.7	18.2	1.0	1.0	2.4	2.4	5.1	5.3
Thoracic Surgeons	7	6	147.0	173.2	0.8	0.9	1.7	2.0	0.6	0.5
Orthopaedic Surgeons	23	23	44.7	45.2	1.6	1.6	3.3	3.2	3.4	3.4
Plastic and Reconstructive Surgeons	7	8	147.0	129.9	1.4	1.3	2.4	2.5	0.9	1.0
Neurological Surgeons	6	6	171.5	173.2	0.9	0.9	2.6	2.9	0.5	0.5
Obstetricians and Gynaecologists	30	31	34.3	33.5	1.5	1.5	3.5	3.7	3.9	4.1
Urological Surgeons	13	15	79.2	69.3	1.3	1.3	2.1	2.1	1.4	1.6
Ophthalmologists	19	17	54.2	61.1	3.0	2.9	4.8	4.9	5.4	4.9
Otolaryngologists	8	10	128.6	103.9	3.5	3.0	7.0	5.8	2.8	2.8
Pathologists	6	7	171.5	148.5	29.0	31.0	—	—	16.1	19.5
Diagnostic Radiologists	29	31	35.5	33.5	5.2	5.3	—	—	11.9	12.9
All Specialists[4]	**371**	**386**	**2.8**	**2.7**	**2.3**	**2.4**	**3.4**	**3.4**	**40.5**	**42.9**
All Physicians[4]	**1,082**	**1,104**	**1.0**	**0.9**	**2.2**	**2.4**	**5.9**	**6.1**	**84.7**	**85.7**
Registered Physicians[5]	**1,389**	**1,419**	**0.7**	**0.7**	—	—	—	—	—	—
Optometrists[4]	**81**	**84**	**12.7**	**12.4**	**2.3**	**2.4**	**2.3**	**2.4**	**18.8**	**19.8**
Registered Optometrists[5]	**96**	**95**	**10.7**	**10.9**	—	—	—	—	—	—
Chiropractors[4]	**85**	**83**	**12.1**	**12.5**	**1.3**	**1.4**	**7.5**	**8.6**	**9.5**	**9.9**
Registered Chiropractors[5]	**92**	**95**	**11.2**	**10.9**	—	—	—	—	—	—

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

[4] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

[5] Registered Practitioners:

Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Resident Saskatchewan Optometrists as shown by the Saskatchewan Optometric Association at the end of the year.

Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 18
Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3]							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
Family Practitioners									
Urban:	466	6	27	75	94	85	69	46	64
Association	343	3	15	43	68	71	53	35	55
Solo	123	3	12	32	26	14	16	11	9
Rural:	252	—	15	43	66	45	44	24	15
Association	141	—	5	18	22	32	31	19	14
Solo	111	—	10	25	44	13	13	5	1
All Family Practitioners 1985-86	**718**	**6**	**42**	**118**	**160**	**130**	**113**	**70**	**79**
All Family Practitioners 1984-85	711	11	45	123	154	153	108	51	66
Specialists									
Paediatricians and Medical Geneticists	31	2	9	5	4	6	2	1	2
Internists and Physiatrists	67	5	15	5	8	9	4	4	17
Neurologists	10	—	4	2	1	1	—	—	2
Psychiatrists	23	12	8	2	1	—	—	—	—
Dermatologists	4	1	—	2	—	1	—	—	—
Anaesthetists	40	4	14	17	5	—	—	—	—
General Surgeons	57	8	22	20	5	1	1	—	—
Thoracic Surgeons	6	1	3	2	—	—	—	—	—
Orthopaedic Surgeons	23	1	6	2	5	7	1	—	1
Plastic and Reconstructive Surgeons	8	—	2	4	2	—	—	—	—
Neurological Surgeons	6	1	3	1	1	—	—	—	—
Obstetricians and Gynaecologists	31	—	9	6	7	7	2	—	—
Urological Surgeons	15	1	2	6	5	1	—	—	—
Ophthalmologists	17	—	—	1	3	3	1	4	5
Otolaryngologists	10	—	1	1	2	1	—	2	3
Pathologists	7	—	—	—	—	—	—	1	6
Diagnostic Radiologists	31	—	1	1	1	2	—	2	24
All Specialists 1985-86	**386**	**36**	**99**	**77**	**50**	**39**	**11**	**14**	**60**
All Specialists 1984-85	371	46	83	74	52	38	10	15	53
All Physicians 1985-86	**1,104**	**42**	**141**	**195**	**210**	**169**	**124**	**84**	**139**
All Physicians 1984-85	1,082	57	128	197	206	191	118	66	119
Optometrists 1985-86	**84**	**—**	**—**	**17**	**20**	**15**	**15**	**9**	**8**
Optometrists 1984-85	81	—	—	18	22	19	6	10	6
Chiropractors 1985-86	**83**	**—**	**28**	**27**	**16**	**7**	**3**	**1**	**1**
Chiropractors 1984-85	85	2	30	28	13	8	1	2	1

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 19
Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
Family Practitioners								
Urban:	466	28	91	93	97	81	47	29
Association	343	16	71	68	75	60	33	20
Solo	123	12	20	25	22	21	14	9
Rural:	252	2	32	35	46	51	41	45
Association	141	1	19	23	25	34	20	19
Solo	111	1	13	12	21	17	21	26
All Family Practitioners 1985-86	**718**	**30**	**123**	**128**	**143**	**132**	**88**	**74**
All Family Practitioners 1984-85	711	31	119	147	162	120	71	61
Specialists								
Paediatricians and Medical Geneticists	31	6	9	7	4	3	—	2
Internists and Physiatrists	67	12	23	15	9	5	2	1
Neurologists	10	4	4	—	1	—	1	—
Psychiatrists	23	6	8	5	2	2	—	—
Dermatologists	4	1	2	—	1	—	—	—
Anaesthetists	40	36	3	1	—	—	—	—
General Surgeons	57	22	31	3	1	—	—	—
Thoracic Surgeons	6	3	3	—	—	—	—	—
Orthopaedic Surgeons	23	6	12	4	1	—	—	—
Plastic and Reconstructive Surgeons	8	2	6	—	—	—	—	—
Neurological Surgeons	6	1	4	1	—	—	—	—
Obstetricians and Gynaecologists	31	7	10	12	2	—	—	—
Urological Surgeons	15	8	7	—	—	—	—	—
Ophthalmologists	17	1	4	8	2	2	—	—
Otolaryngologists	10	2	1	3	—	3	1	—
All Specialists 1985-86	**348**	**117**	**127**	**59**	**23**	**15**	**4**	**3**
All Specialists 1984-85	336	117	127	47	23	17	3	2
All Physicians 1985-86	**1,066**	**147**	**250**	**187**	**166**	**147**	**92**	**77**
All Physicians 1984-85	1,047	148	246	194	185	137	74	63
Optometrists 1985-86	**84**	**36**	**43**	**2**	**2**	**1**	**—**	**—**
Optometrists 1984-85	81	40	37	1	3	—	—	—
Chiropractors 1985-86	**83**	**—**	**2**	**15**	**23**	**17**	**13**	**13**
Chiropractors 1984-85	85	—	9	27	16	14	10	9

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

Table 20
Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
Family Practitioners									
Urban:	466	180	58	8	134	9	64	11	2
Association	343	154	46	4	91	4	37	5	2
Solo	123	26	12	4	43	5	27	6	—
Rural:	252	55	39	2	80	4	49	22	1
Association	141	50	29	—	25	—	26	10	1
Solo	111	5	10	2	55	4	23	12	—
All Family Practitioners 1985-86	**718**	**235**	**97**	**10**	**214**	**13**	**113**	**33**	3
All Family Practitioners 1984-85	711	220	101	12	216	13	119	28	2
Specialists									
Paediatricians and Medical Geneticists	31	3	7	2	6	—	11	2	—
Internists and Physiatrists	67	19	21	3	10	2	8	4	—
Neurologists	10	1	1	1	3	—	4	—	—
Psychiatrists	23	3	7	—	3	1	9	—	—
Dermatologists	4	—	3	—	1	—	—	—	—
Anaesthetists	40	14	6	—	14	2	4	—	—
General Surgeons	57	10	19	1	11	1	14	1	—
Thoracic Surgeons	6	—	1	2	1	—	2	—	—
Orthopaedic Surgeons	23	6	6	1	7	1	2	—	—
Plastic and Reconstructive Surgeons	8	2	3	—	1	1	1	—	—
Neurological Surgeons	6	1	1	—	1	—	2	1	—
Obstetricians and Gynaecologists	31	6	7	—	9	2	3	4	—
Urological Surgeons	15	3	10	—	—	—	2	—	—
Ophthalmologists	17	5	6	1	4	1	—	—	—
Otolaryngologists	10	6	1	—	1	—	2	—	—
Pathologists	7	—	2	—	3	—	1	1	—
Diagnostic Radiologists	31	12	6	—	4	3	5	1	—
All Specialists 1985-86	**386**	**91**	**107**	**11**	**79**	**14**	**70**	**14**	**—**
All Specialists 1984-85	371	85	107	12	76	13	65	13	—
All Physicians 1985-86	**1,104**	**326**	**204**	**21**	**293**	**27**	**183**	**47**	**3**
All Physicians 1984-85	1,082	305	208	24	292	26	184	41	2
Optometrists 1985-86	**84**	**—**	**82**	**2**	**—**	**—**	**—**	**—**	**—**
Optometrists 1984-85	81	—	79	2	—	—	—	—	—
Chiropractors 1985-86	**83**	**—**	**77**	**6**	**—**	**—**	**—**	**—**	**—**
Chiropractors 1984-85	85	—	78	7	—	—	—	—	—

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

Table 21
Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
Family Practitioners						
Urban:	466	138	139	90	77	22
Association	343	123	104	52	53	11
Solo	123	15	35	38	24	11
Rural:	252	41	74	78	49	10
Association	141	28	43	40	25	5
Solo	111	13	31	38	24	5
All Family Practitioners 1985-86	**718**	**179**	**213**	**168**	**126**	**32**
All Family Practitioners 1984-85	711	175	215	167	123	31
Specialists						
Paediatricians and Medical Geneticists	31	2	12	10	5	2
Internists and Physiatrists	67	7	29	17	12	2
Neurologists	10	—	3	4	3	—
Psychiatrists	23	1	6	10	3	3
Dermatologists	4	1	—	1	2	—
Anaesthetists	40	10	10	7	9	4
General Surgeons	57	4	8	23	17	5
Thoracic Surgeons	6	—	2	3	1	—
Orthopaedic Surgeons	23	1	12	4	5	1
Plastic and Reconstructive Surgeons	8	1	3	1	3	—
Neurological Surgeons	6	—	1	2	3	—
Obstetricians and Gynaecologists	31	5	8	7	10	1
Urological Surgeons	15	4	4	5	2	—
Ophthalmologists	17	1	4	4	7	1
Otolaryngologists	10	2	3	3	2	—
Pathologists	7	1	1	1	4	—
Diagnostic Radiologists	31	6	10	7	7	1
All Specialists 1985-86	**386**	**46**	**116**	**109**	**95**	**20**
All Specialists 1984-85	371	33	122	114	79	23
All Physicians 1985-86	**1,104**	**225**	**329**	**277**	**221**	**52**
All Physicians 1984-85	1,082	208	337	281	202	54
Optometrists 1985-86	**84**	**26**	**24**	**12**	**20**	**2**
Optometrists 1984-85	81	25	23	12	20	1
Chiropractors 1985-86	**83**	**36**	**21**	**10**	**12**	**4**
Chiropractors 1984-85	85	39	19	12	13	2

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

Table 22
Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		Family Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	148.6	1,104	120.6	343	134.9	141	129.4	123
Highest Paid	3,582.1		284.9		313.1		307.7	
Less than $ 30,000	11.9	128	12.7	35	7.9	6	11.9	33
$ 30,000 - $ 39,999	36.1	31	36.7	13	35.4	3	35.4	3
$ 40,000 - $ 59,999	50.1	110	49.0	50	48.7	10	51.1	10
$ 60,000 - $ 79,999	69.5	98	70.5	33	67.5	14	69.2	15
$ 80,000 - $ 99,999	89.4	110	88.8	38	92.9	13	90.1	16
$100,000 - $119,999	110.6	123	110.5	39	110.4	19	111.6	15
$120,000 - $139,999	129.9	121	129.7	42	130.0	14	130.8	14
$140,000 - $159,999	149.0	129	148.8	45	148.3	22	148.6	11
$160,000 - $179,999	169.6	117	169.9	39	167.8	19	170.8	17
$180,000 - $199,999	188.8	63	190.2	12	187.9	10	189.0	10
Over $200,000	299.4	202	230.3	32	236.7	17	240.2	12
Total	**134.4**	**1,232**	**110.5**	**378**	**129.7**	**147**	**104.5**	**156**

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	160.5	10	133.1	23	79.0	4	122.5	40
Highest Paid	532.3		319.5		134.7		198.0	
Less than $ 30,000	—	—	10.8	7	—	—	9.5	1
$ 30,000 - $ 39,999	—	—	34.7	2	33.7	1	39.4	1
$ 40,000 - $ 59,999	45.0	2	51.6	3	—	—	56.0	3
$ 60,000 - $ 79,999	65.7	2	62.0	2	73.9	2	67.6	3
$ 80,000 - $ 99,999	81.6	1	85.2	5	—	—	87.3	2
$100,000 - $119,999	111.9	3	113.2	1	—	—	113.8	6
$120,000 - $139,999	—	—	—	—	134.7	1	128.8	10
$140,000 - $159,999	—	—	—	—	—	—	149.2	11
$160,000 - $179,999	—	—	164.9	2	—	—	167.7	3
$180,000 - $199,999	—	—	184.9	2	—	—	198.0	1
Over $200,000	483.1	2	245.6	6	—	—	—	—
Total	**160.5**	**10**	**104.5**	**30**	**79.0**	**4**	**119.7**	**41**

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	191.5	31	145.4	15	209.8	17	267.7	10
Highest Paid	384.9		224.6		406.5		555.1	
Less than $ 30,000	25.4	1	5.5	1	8.7	2	—	—
$ 30,000 - $ 39,999	—	—	—	—	—	—	39.8	1
$ 40,000 - $ 59,999	54.7	1	44.1	1	58.9	1	—	—
$ 60,000 - $ 79,999	68.7	3	70.2	2	—	—	74.3	1
$ 80,000 - $ 99,999	92.0	3	—	—	—	—	—	—
$100,000 - $119,999	108.5	1	—	—	—	—	110.6	1
$120,000 - $139,999	135.0	3	133.8	4	126.2	1	133.6	1
$140,000 - $159,999	147.5	3	146.1	3	151.4	5	—	—
$160,000 - $179,999	165.2	1	168.9	1	—	—	—	—
$180,000 - $199,999	181.6	1	196.2	1	183.1	1	—	—
Over $200,000	273.2	15	219.2	3	271.2	9	386.4	6
Total	**186.4**	**32**	**136.7**	**16**	**188.6**	**19**	**267.7**	**10**

[1] Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

[2] Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

Table 22 (Continued)

Type of Practitioner[3]									
		All Family Practitioners		All Specialists					
Rural Solo						Paediatricians and Medical Geneticists		Internists and Physiatrists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
147.0	111	129.0	718	185.1	386	137.1	31	170.6	67
344.2		344.2		3,582.1		441.7		552.0	
11.6	11	11.9	85	11.8	43	11.9	8	13.0	11
35.9	2	36.2	21	36.0	10	—	—	34.7	2
53.8	8	49.7	78	50.9	32	48.6	3	49.7	8
63.8	3	69.2	65	70.1	33	74.4	7	66.8	5
87.9	14	89.5	81	89.0	29	84.8	3	88.7	4
111.7	15	110.9	88	110.1	35	110.1	5	108.4	9
129.1	14	129.8	84	130.0	37	131.6	2	134.2	1
149.5	10	148.8	88	149.5	41	148.3	3	146.7	5
171.1	15	169.8	90	168.9	27	161.5	1	168.9	4
188.5	13	188.9	45	188.6	18	186.1	2	184.2	3
258.5	17	239.3	78	337.1	124	307.4	5	276.9	26
134.7	**122**	**116.6**	**803**	**167.7**	**429**	**111.4**	**39**	**148.4**	**78**

General Surgeons		Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
133.4	57	252.4	6	200.7	23	177.9	8	158.0	6
277.2		338.8		581.8		230.4		262.3	
11.7	7	—	—	14.9	1	0.3	1	—	—
34.4	2	—	—	—	—	—	—	—	—
51.0	5	—	—	51.0	3	—	—	53.6	1
70.3	3	—	—	75.1	1	—	—	75.5	1
92.5	8	83.1	1	99.5	1	—	—	—	—
110.5	5	—	—	108.0	2	—	—	—	—
127.1	10	—	—	122.9	1	131.7	1	136.0	1
151.6	7	—	—	155.1	1	153.5	1	—	—
173.2	6	—	—	170.2	3	169.0	3	161.2	1
189.2	4	—	—	—	—	192.9	1	—	—
235.5	7	286.2	5	298.4	11	218.9	2	261.0	2
120.1	**64**	**252.4**	**6**	**192.9**	**24**	**158.1**	**9**	**158.0**	**6**

Pathologists		Diagnostic Radiologists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
1,042.0	7	261.7	31	69.7	84	91.6	83
3,582.1		791.9		239.9		165.2	
—	—	13.0	3	13.9	8	13.3	9
—	—	39.0	1	36.6	15	32.2	1
—	—	54.0	1	51.8	27	53.5	13
70.6	1	—	—	70.0	19	69.5	20
—	—	89.9	1	88.5	15	88.0	19
105.5	1	100.5	1	107.6	3	110.1	11
—	—	128.0	1	123.2	1	127.9	13
—	—	150.2	2	155.5	1	151.3	3
—	—	169.6	2	—	—	163.1	3
—	—	195.4	2	—	—	—	—
1,423.6	5	333.6	20	216.5	3	—	—
1,042.0	**7**	**239.8**	**34**	**64.9**	**92**	**84.0**	**92**

[3] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

Table 23
Average Payment Per Practitioner by Specialty, 1980-81 to 1985-86

Type of Practitioner[1]	Average Payment[2] (000's) 1980-81	1981-82	1982-83	1983-84	1984-85	1985-86	Average Annual Per Cent Change 1980-81 to 1985-86
Family Practitioners							
Urban:	82.7	92.8	108.7	116.4	117.8	122.9	8.25
Association	78.6	88.9	105.9	111.5	116.0	120.6	8.94
Solo	93.9	102.5	115.1	128.9	122.5	129.4	6.62
Rural:	89.7	102.3	123.0	129.0	136.7	140.2	9.34
Association	90.3	103.2	122.8	126.3	133.0	134.9	8.36
Solo	88.6	100.7	123.2	132.9	142.7	147.0	10.66
All Family Practitioners	**85.9**	**96.9**	**114.5**	**121.5**	**125.0**	**129.0**	8.47
Specialists							
Paediatricians and Medical Geneticists	88.9	108.0	111.6	115.0	120.3	137.1	9.05
Internists and Physiatrists	97.0	115.6	131.7	141.8	152.6	170.6	11.95
Neurologists	96.1	114.5	136.2	126.1	154.8	160.5	10.80
Psychiatrists	97.6	108.2	127.0	113.4	125.8	133.1	6.40
Dermatologists	72.2	84.9	82.3	85.7	93.1	79.0	1.82
Anaesthetists	80.0	93.6	105.4	119.3	127.8	122.5	8.90
General Surgeons	87.6	99.5	118.7	122.4	125.1	133.4	8.78
Thoracic Surgeons	123.1	132.2	167.2	185.7	222.2	252.4	15.44
Orthopaedic Surgeons	117.4	128.9	154.9	175.2	188.9	200.7	11.32
Plastic and Reconstructive Surgeons	112.9	127.1	148.4	166.8	166.7	177.9	9.52
Neurological Surgeons	81.3	92.5	97.9	135.2	144.7	158.0	14.21
Obstetricians and Gynaecologists	118.5	139.7	170.2	178.0	182.2	191.5	10.08
Urological Surgeons	96.5	105.9	137.4	140.7	146.6	145.4	8.54
Ophthalmologists	116.9	128.6	136.0	165.1	184.2	209.8	12.41
Otolaryngologists	178.8	205.6	236.4	239.6	299.2	267.7	8.41
Pathologists	598.6	743.8	1,112.3	962.4	951.8	1,042.0	11.72
Diagnostic Radiologists	122.2	151.0	202.0	240.4	250.7	261.7	16.45
All Specialists	**108.1**	**125.7**	**148.0**	**159.4**	**172.5**	**185.1**	11.36
All Physicians	**94.0**	**107.1**	**126.0**	**134.6**	**141.3**	**148.6**	9.59
Optometrists	**47.3**	**50.8**	**57.7**	**63.6**	**65.3**	**69.7**	8.06
Chiropractors	**62.7**	**70.3**	**73.1**	**78.5**	**78.5**	**91.6**	7.88

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Physicians, in 1980-81, receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and effective April 1, 1981 Physicians, receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

[2] Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

Table 24
Physician Payments by Specialty Group

	Family Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina[3]	159	117.0	44	212.7	60	194.9	35	271.6
Saskatoon[3]	167	109.3	74	113.7	80	170.6	41	239.4
Moose Jaw	30	119.8	4	190.5	9	144.0	—	—
Prince Albert	40	141.9	6	184.5	8	141.3	2	*
Yorkton	20	137.1	2	*	4	193.8	—	—
Swift Current	14	182.6	2	*	5	153.7	—	—
North Battleford	19	150.1	2	*	4	199.3	—	—
Estevan	7	203.9	—	—	—	—	—	—
Weyburn	9	163.7	—	—	—	—	—	—
All Other Locations	253	140.0	1	*	3	119.1	—	—
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year								
≥$30,000	660	132.5	130	153.4	164	177.0	76	264.6
≥$40,000	647	134.4	125	158.1	161	179.6	74	270.7
2. Resident Full Year								
≥$30,000	685	132.5	130	156.1	161	180.7	71	277.3
≥$40,000	674	134.0	126	159.9	159	182.6	70	280.7
3. Resident and Active in Two Consecutive Years								
≥$30,000	653	135.3	121	162.8	161	182.3	66	289.2
≥$40,000	644	136.7	119	164.9	159	184.2	65	293.1
4. Resident During Any Portion of the Year								
≥$30,000	747	126.1	140	149.5	176	174.5	81	253.4
≥$40,000	720	129.5	134	154.7	173	176.9	79	258.8
5. Person-Year Equivalents[4]								
≥$30,000	722.2	130.4	135.8	154.1	171.7	178.8	76.9	266.9
≥$40,000	702.4	132.7	130.8	158.5	169.2	180.8	75.4	271.1
6. Resident at Year End With Payments ≥$7,500 in Each Quarter of the Year	640	138.0	120	163.8	155	189.0	69	284.0
7. Resident at Year End and Not in Teaching Institutions	680	132.3	82	198.2	140	191.3	62	302.3
C. By Place of Graduation:[2]								
Saskatchewan	235	125.0	26	143.8	39	184.3	26	168.5
Canada, Other than Saskatchewan	97	107.1	39	120.1	54	162.4	14	440.1
United Kingdom and Eire	214	143.4	23	128.7	35	169.2	21	195.3
Asia	113	127.6	32	199.4	28	184.7	10	421.2
Other Areas	59	130.7	15	193.1	17	200.9	7	207.1
D. By Age Group:[2]								
Under 35	179	107.9	11	93.6	18	126.1	17	171.4
35-44	213	138.4	50	161.6	45	201.4	21	187.4
45-54	168	142.3	42	170.8	52	166.7	15	285.5
55-64	126	132.4	25	157.8	50	189.4	20	426.5
65+	32	100.6	7	62.2	8	123.9	5	128.3

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.